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TO DEC 20 PH 2: 53
SECRETARY OF STATE ALL ANASSEE FLORIDO.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	TDTL, LLC
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Michael E. Niehoff	
Name of Person	
	 .
TDTL, LLC	
Firm/Company	
1769 Bay Street	
Address	
Naples, FL 34112	
City/State and Zip Code	
MENiehoff@gmail.com E-mail address: (to be used for future annual repor	n rt notification)
•	
For further information concerning this ma	atter, please call:
Michael E. Niehoff	at (203) 314-9230
Name of Person	at (203) 314-9230 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ring amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	TDTL, LLC	
2. (a) Principal office address of limited liability company	y: TDTL, LLC	
(Note: MUST BE STREET ADDRESS)	1769 Bay Street Naples, FL 34112	
(b) Mailing address of limited liability company:	TDTL, LLC	
(Note: MAY BE POST OFFICE BOX)	1769 Bay Street Naples, FL	
12/7/2009	L09000116363	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	HL Statutory Agent, Inc.	
Registered Office Address:	800 Laurel Oak Drive Suite 600 Naples, FL 34108	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	A STATE OF THE PARTY OF THE PAR	
NEW Registered Agent:	Michael E. Niehoff	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TDTL, LLC 1769 Bay Street 1760 Bay Stree	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company with the change (s). Signature of a member or authorized representative of a member	lorida street address of the registered office	
Michael E. Niehoff Printed or typed name of signee	, _	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent