

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Certificate of Status Certified Copy	0	FE8 −3
₹	LLC REGISTERED A TEBOB 1		22
∵ ar	the email address for this businnual report mailings. Enter only bobotob	ness entity to be used y one email address plo	for future
From:	Account Name : URS AGENTS L Account Number : I20150000127 Phone : (800)567-439 Fax Number : (800)567-439	7	
	Division of Corporations Fax Number : (850)617-638	3	

Electronic Filing Menu

Corporate Filing Menu

Help

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		(((H220000446		
. Viene v National viene	COVER LI	ETTER		
TO: Registration Section Division of Corporations				
SUBJECT: TEBOB 1, LLC				
Nar	ne of Limited Li	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to the	following:		
Bob Skerastonas				
Name of Person		-		
TEBOB 1, LLC				
Firm/Company				
13814 WOOLSEY WAY				
Address				
SANTA CLARIT, CA 91390				
City/State and Zip Code	·	_		
bob@tbob.com				
E-mail address: (to be used for future an	inual report notif	ication)		
For further information concerning this matte	r, please cail:			
Georgina Vega	800 at (567-4397		
Name of Person		Area Code & Daytime Telephone Number		

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

02/03/2022 *09:12 *

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(FAX)

((H22000446013))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, an both, in the State of Florida

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13614 WOOLSEY WAY	70 Scott DrA Lake Havasu City, AZ 86403		
	SANTA CLARIT, CA 91390			
	4/27/2010	L11	0000044673	
•	Date of filing/registration in Florida	4.	Document number	
(a)				
	Registered Agent and Registered Office shown on the records	of the Florida De	or, of State:	
	REGISTERED AGENTS INC.		·	
	Registered Office Address MUST BE FLORIDA STREET 7901 4TH STREET NORTHSUITE 300	<u>(T ADDRESS)</u>	٠,	
	ST.PETERSBURG	FL 33702		
(b)				
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres		
	URS AGENTS, LLC		1 1	
	NEW Registered Office Address:		· · · · · · ·	
	3458 LAKESHORE DRIVE	<u> </u>		
	TALLAHASSEE	20242		
	TALLAHAGSEE	FL_32312		

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

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Signature of Registered Agent