## 1110000039454

(Requestor's Name)					
. (Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800209460518

09/01/11--01029--007 \*\*25.00

ZOII SEP - I AM 8:24
SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

SEP 0 2 2011

## **COVER LETTER**

TO: Registration Se Division of Co							
SUBJECT:	Nome of		CM,				_
	Name of	Limited	Liaon	iity Cor	прану		
Dear Sir or Madam:							
The enclosed Register	ed Agent/Registered (	Office (	Change	and fe	e(s) are submit	ted for filing.	
Please return all corres	spondence concerning	g this m	atter to	the fol	llowing:		
(	Carrissa Peros	-					
	Name of Person						
	TSCM, LLC						
	Firm/Company					. ,	
5075 Park Blvd Suite B				7-44		SEI	3 5
	Address					AH.	} ]
D: #	D   E   00704					SECRETARY ALLAHASSE	
Pinellas Park, FL 33781  City/State and Zip Code			<del></del>		mo 🛌		
City	7State and Zip Code					AM 8: 24 OF STATE FLORIDA	· [
huaga	donling@amail.com	2				78 S. 2	, mark
buggedonline@gmail.com							
For further informatio	n concerning this mat	ter, plea	ase call	l <b>:</b>			
Carriss	a Peros	at (	877	)	947-3	3827	_
Name of	Person			Area Coo	de & Daytime Telep	ohone Number	
STREET/COU	RIER ADDRESS:		MA	LILING	ADDRESS:		
Registration Section Registration Secti			n Section				
•	Division of Corporations Division of Corporations						
·			). Box 6	_			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a	check for the followi	ng amo	unt:				
\$25 Filing F	<sup>-</sup> ee		☐\$:	55 Filin	g Fee & Certif	ied 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.

TSCM, LLC			
5075 Park Blvd			
Suite B Pinellas Park, FL 33781			
PO Box 457			
Pinellas Park, FL 33780			
L11000039454			
4. Document number			
the records of the Florida Dept. of State:			
Michael Peros			
5075 Park Blvd Suite B			
Pinellas Park, FL 33781			
W Registered Office address:  Carol Peros			
5075 Park Blvd Suite B Pinellas Park ,FL33781			
laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization was provided in the articles of organization of the capacity of further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office by has been notified in writing of this change.			

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