111000084457

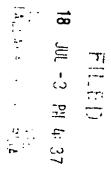
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800315240048

07/03/18--01003--025 **450.00



ANT - E FAIR

S. PRATHER

COVER LETTER

		COVERLETTER	المهجر المراجع المهواء
TO:	Registration Section Division of Corporations	_स छ	
SUBJ	ECT:	Tion LLC	.,
	Name	of Limited Liability Company	
Dear :	Sir or Madam:		
The ci	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted	l for filing.
Please	e return all correspondence concerning this	matter to the following:	
	Maria Tonante		
	Name of Person		
	Tion LLC		
	Firm/Company		
	2000 Ponce de Leon Blvd, Ste	509-E	
	Address		
	Coral Gables, FL 33134		
	City/State and Zip Code		
	maria@tonante.us	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	E-mail address: (to be used for future annua	ii report notification)	
For fu	orther information concerning this matter, pl	lease call:	
	Maria Tonante	at (<u>786</u>) <u>838-9973</u>	
	Name of Person	Area Code & Day	time Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS	S:
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporatio	ens
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 31	2314
	Enclosed is a check for the following an	mount:	
	\$25 Filing Fee	☐ \$55 Filing Fee & Cert	tified Copy
INHSI	/ 18 (2/14)		

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, or both, in the State of Florida.

١.	Na	me of the limited liability company:	Tlon	LLC	
2.	(a)	Principal office address of limited liability con	mpany:	(b)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS			(Note: MAY BE POST OFFICE BOX)
		2000 Ponce de Leon Blvd, Ste 50	9-E		2000 Ponce de Leon Blvd, Ste 509-E
		Coral Gables, FL 33134			Coral Gables, FL 33134
		07/22/2011			L11000084457
3.		Date of filing/registration in Florida	1	4.	Document number
5.	(a)	Maria Tonante			
		Registered Agent and Registered Office shown on the	records of th	e Florida Dept. o	of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		936 SW 1st Ave, #844			
		Miami	, FL_	33130_	
, la '	(b)	<u>-</u>			11.7
(1)		Enter name of NEW Registered Agent and/or NEW Registered Office address:		37	
		NEW Registered Office Address:	<u> </u>		<u></u>
		2000 Ponce de Leon Blvd, Ste	509-E		
		Coral Gables	, FL_	33134_	
the age wa	cha ent w s/we	will be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the modes of organization or the operating agreements.	ddress of t limited lial nembers of	he registered bility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		(Olleegende			Maria Tonante
		are of a member or authorized representative of a mem			Printed or typed name of signee
pro the to t not	wisi obli nere tifiec	by accept the appointment as registered agen ons of all statutes relative to the proper and i igations of my position as registered agent as ily reflect a change in the registered office ac I in writing of this change.	nt and agre complete p s provided ddress, I h	e to act in thi performance of for in Chapto preby confirm	's capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been