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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TCenter LLC Name of L	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
David Campbell Name of Person		
Tcenter LLC		
3604 SW 21st Terrace		
Gainesville, Florida 326 City/State and Zip Code tcenter2@yahoo.com E-mail address: (to be used for future annual report n		
For further information concerning this matter		
David Campbell Name of Person	at (352) 727.0822 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	ng amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

TO:

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

Pursuant to the provisions of sections 605.0114, 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.

1. Na	me of the limited liability company: TCENTER, LLC			_
2. (a)	Principal office address of limited liability company	V: 3604 SW 21st Terrace		
(Note: MUST BE STREET ADDRESS)		Gainesville, Florida		
		32608-3331		_
(b)	Mailing address of limited liability company:	3604 SW 21st Terrace		
	(Note: MAY BE POST OFFICE BOX)	Gainesville, Florida		
		32608-3331		_
July 25th		4.11000008532 L1100008	35372	_
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. Susan Campbell (Removed from position)	of State:	
				_
	Registered Office Address:	3604 SW 21st Terrace	TV 2	
		Gainesville, Florida		_
		3268-3331	<u> 과의 골</u>	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	SEE O	
	<u>NEW</u> Registered Agent:	David Campbell	五二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	_ _
	NEW Registered Office Address:		2: 3 024 024	
	(MUST BE FLORIDA STREET ADDRESS)	3604 SW 21st Terrace	17.	_
		Gainesville	FL 32608-3331	_
confinant the liability the me	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwiserating agreement of the limited liability company.	lorida street address of the regis tical. Or, in the case of a Florid) was/were authorized by an affi	stered office a limited irmative vote o	of
Signatur	e of a member or authorized representative of a member	_		
David Ca		_		
Printed	or typed name of signee			
I here compl and I i Chapt addres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po er 605, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability compan	ngree to act in this capacity. I fi oper and complete performance osition as registered agent as pr erely reflect a change in the regi y has been notified in writing of	urther agree to of my duties, ovided for in istered office this change.)

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

Signature of Registered Ag