1/200027878

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

TO: Registration Section Division of Corporations							
TF Capital Holdings, LLC SUBJECT:							
Name o	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this m	natter to the following;						
Steven Tabeek							
Name of Person							
TF Capital Holdings, LLC							
Firm/Company							
599 South Collier Blvd. #302							
Address							
Marco Island, FL 34145							
City/State and Zip Code							
tropconsultants@aol.com							
E-mail address: (to be used for future annual r	report notification)						
For further information concerning this matter, plea	ise call:						
Steven Tabeekat	212 542-0999						
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)							

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.

1. N	ame of the limited liability company:	ldings	s, L	LC		
2. (a)	599 South Collier Blvd. #302 Marco Island Fl		b) _	Same	 	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Mailing address of limite (Note: MAY BE POS	
	02/27/2012	_	_ _ L	120000	27878	
3. 5. (a)	Date of filing/registration in Florida Steven Tabeek	4.	_	-	Document number	
· · · · · ·	Registered Agent and Registered Office shown on the records of the 599 South Collier Blvd. #302 Marco Island, F				<u>-</u> e:	
	Registered Office Address (MUST BE FLORIDA STREET AL 599 South Collier Blvd. #302	DDRES	<u>.S)</u>		-	20 ::
	Marco Island .FL	34145	;		-	THE THE
(b)	Gabriella Gaggiano			·	-	631 HASS
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	office ac	ldre	 §§:	-	Fig. P.
	599 South Collier Blvd. #302 Marco Island, F	L 341	45			2017 AUG 31 PK 4: 07
	NEW Registered Office Address:			<u> </u>	-	-
	599 South Collier Blvd. #302					
	Marco Island 3	34145				
agent v	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regi vility co the lim mited i	ster omp nited liab	ed office any, it is Hiability	and the business of thereby confirmed to company or as other pany.	Tice of the registered
Signa	ture of a member or authorized representative of a member				Printed or typed name of	of signee
the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point in a statute of my position as registered agent as provided of the reflect a change in the registered office address, I help in writing of this change.	e to act erform for in (reby co	t in . anc .ha onfi	this cape e of my c pter 605, rm that i	icity. I further agree hities, and I am fami , F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accept cument is being filed company has been
Signatur	re of Registered Agent					

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