1200005539

(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT . MAIL		
(5		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIRMS HOUDING, L.(Name of Limited Liability Company	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	2013 F 53
Please return all correspondence concerning this matter to the following:	26
Name of Person	
	ું હ
TIMO HOLISTOR Firm/Company	
2170 MAIL) STREET SIE, US	
SARASOTA FL 37737 City/State and Zip Code	
E-mail address: (to be used for future ambudireport nodification)	
For further information concerning this matter, please call:	
Krishina Gogolyak at (141) 411-0494	
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Code & Daytime Telephone Number Tallahassee, Florida 32314 Tallahassee, Florida 32301	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:



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.

1. Name of the limited liability company:	10 HOUBING LUC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	SACACALA, TO SEE ST	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2170 HAIN STREETS STREETS SAPASSTA, AC 3617 ST	
3. Date of filing/registration in Florida	L12000055395 2 3	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	CROSS CARREST CORPURITE	
Registered Office Address:	TOP VICES AND A CONTRACTOR AND SAME SAME SAME SAME SAME SAME SAME SAME	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: (ARTICLE CASE CITE (ARTICLE TEACH STRUET)	
Manager Strate To Manager To Bank Book	SANCASOTA ,FL 34231	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the timited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
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Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314 FILING FEE: \$25.00