L12000142844

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| <u></u> | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | : | | |
| | | | | |
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Office Use Only



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SECRETARY OF STATE

OCT 2 2 2013

T. BROWN

COVER LETTER

| TO: | _ | tration Sections of Corpor | |
|------|------|----------------------------|------|
| SUBJ | ECT: | TDWB | , LL |

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 matter to the following:

| Darlene O'Keefe | | | |
|--------------------|--|--|--|
| Name of Person | | | |
| TDWB, LLC | | | |
| Firm/Company | | | |
| 4111 55th Ave Dr E | | | |
| Address | | | |
| Bradenton FL 34203 | | | |

City/State and Zip Code

angelthatrides@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene O'Keefe

_{at} 941

345-6568

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

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.

| 1. Nar | ne of the limited liability company: TDWB, LLC | |
|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 4111 55th Ave Dr E Bradenton, FL 34203 |
| (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 4111 55th Ave Dr E Bradenton, FL 34203 |
| Novembe | | L12000142844 |
| 3. Dat | e of filing/registration in Florida | J. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: |
| | Registered Agent: | Corporation Service Company |
| | Registered Office Address: | 1201 Hays Street |
| | S | Tallahassee, FL 32301 |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | Darlene O'Keefe |
| | NEW Registered Office Address: | 4111 55th Ave Dr E |
| | (MUST BE FLORIDA STREET ADDRESS) | Bradenton, FL 34203 |
| confirmand the liability the me the ope | imited liability company is not organized under the laned that after the change or changes are made, the Flore business office of the registered agent will be identically company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company. | tws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or |
| | or typed name of signee | |
| i nerei comply and I a Chapte addres | by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- m familiar with and accept the obligations of my pos or 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to her and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. |

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