## L13000005480

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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SEP 2 7 2016 S. YOUNG





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

THIEM LE 9300 SW 57TH TERRACE MIAMI, FL 33173

SUBJECT: TL PROPERTY INVESTMENT GROUP LLC

Ref. Number: L13000005680

We have received your document for TL PROPERTY INVESTMENT GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00018711

## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	TL Property Investment Gro	up LLC.				
. SOBJEC		ne of Limited I	iability Company	_		
Dear Sir	or Madam:		•			
The encl	osed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the	e following:			
	15		,			
THIEM			and deliver			
	Name of Person					
٠			•			
	Firm/Company		<del></del>			
9300 S	W 57th TER.			10		
	Address			Ĭ		
	Addiess			-		
Miami,	FL. 33173					
	City/State and Zip Code		<del></del>			
tm_le@	)yahoo.com		•			
E-r	mail address: (to be used for future ann	nual report noti	fication)			
For furth	ner information concerning this matter,	please call:				
Thiem	Le	305	761 - 4278			
	Name of Person		Area Code & Daytime Telephone Num	ber		
I I ( 2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Re Di P.	egistration Section ivision of Corporations O. Box 6327			
l	E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  hiem Le  at (					
ĺ	■ \$25 Filing Fee	<b>u</b> \$	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.

	lame of the limited liability company: 12 Flopen 6721 Heather Rd, Orlando, FL. 32807	(b) 6	721 Heather Rd, Orlando	, FL. 32	807	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
3.	01/11/2013  Date of filing/registration in Florida	L13	3000005680  Document number		,,, <u>,</u>	
5. (a	Registered Agent and Registered Office shown on the record LEGALINC COPRPORATE SERVICES,I	_	ot. of State:			
	Registered Office Address (MUST BE FLORIDA STRE 5237 Summerlin Commons, Suite 400	ET ADDRESS)				
	Fort Myers	, <sub>FL</sub> 33907		16 SEP		
(b)	Enter name of NEW Registered Agent and/or NEW Registered NGON TRAN  NEW Registered Office Address:	ered Office addres:	<u>\$</u> :	27 PM 4: 00	RY OF STATE	
	39 Caswell Dr Orlando	, <sub>FL</sub> 32825				
the ch agent was/w the art Signal I here provis the obto mer	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member icles of organization or the operating agreement of a member of a member and appointment as registered agent and ions of all statutes relative to the proper and compiligations of my position as registered agent as provely reflect a change in the registered office address at in writing of this change.	e laws of the Sta s of the registered d liability comp ers of the limited the limited liabi HIEN L agree to act in a lete performance	ed office and the business officany, it is hereby confirmed the liability company or as other clity company.  E  Printed or typed name of this capacity. I further agree to of my duties, and I am family other 605, F.S. Or, if this documents.	at the char wise proversigned signee to comply liar with a	registered nge(s) rided in  with the nd accept eing filed	

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