113000041603

(Rec	questor's Name)	
(Address)		
(A.d.	dress)	
(Adi	iless)	
(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(50)	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to Filing Officer:		

Office Use Only



900288311979

900288311979 09/07/16--01040--008 **25.00

TICED

PROC!

COVER LETTER

Division of Corporations		
·	WEEDLE CANE ed 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:	
140UAS REUTHE, Name of Person	<u>R</u>	
Firm/Company		
1250 Pine Veedle	Lane	
Micuni FC, 3315 City/State and Zip Code +hreyther Dyahoo.	Cou AHAS	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call (4) Lea Lea Lac Name of Person At (3)	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	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: TEUKO TINE NEEDLE LAN
2. (a) 12550 PINE NEEDLE W (b) 1550 Pine Weedle C Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Pine Crest FC 33156 Wicumi FC, 3315
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
75. (a) State: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Licewi Pinecrest, FL 33/56 (b) THOULS PEUTHER Enter name of NEW Registered Agent and/or NEW Registered Office address: ALSSO Pine Needle Lane NEW Registered Office Address:
fliani ,FL 33156
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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of his change.
Signature of Registered Agent

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