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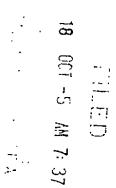
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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10/05/18--01013--013 **270.



COVER LETTER

TC:

INHS18 (2/14)

Rogistration Section

Divi.	sion of Corporations							
SUBJECT:	TOT NEW EDGE, LLC							
SOBSECT	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	I Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the f	following:					
TRENCEL	LA LEWIS							
	Name of Person							
NET ELEM	MENT,INC							
	Firm/Company							
3363 NE 1	63RD ST STE 705							
	Address		_					
NORTH M	IIAMI BEACH, FL 33160							
	City/State and Zip Code		-					
	UNIFIEDPAYMENTS.COM							
E-mail	address: (to be used for future ann	ual report notifi	cation)					
For further in	nformation concerning this matter,	please call:						
TRENCEL	LA LEWIS	786	923-0527					
	Name of Person		Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enci	osed is a check for the following	amount:						
2 0 \$3	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO1 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. Na	me of the fimited liability company: TOT NEW EDG	GE,	LLC		_	
2. (a)	3363 NE 163RD ST	(b) 3363 NI	E 163RD ST	•		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of (Note: MAY BE		•
	STE 705	_	STE 70	5		
	NORTH MIAMI BEACH, FL 33160	_	NORTH	MIAMI BEAG	CH, FL 3	3160
	04/04/2013		L130000	50238		
3.	Date of filing/registration in Florida	4.		Document nun	ıber	
5. (a)	JONATHAN NEW					
,	Registered Agent and Registered Office shown on the records of the 3363 NE 163RD ST	e Flori	ida Dept. of Stati	e:		
	Registered Office Address (MUST BE FLORIDA STREET AL STE 705	DDRE.	SS)	-		
	NORTH MIAMI BEACH	3316	0	-		
(b)	JEFFREY GINSBERG			-	18 OCT	 -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u>ffice :</u>	address:		· 5	
	NEW Registered Office Address:			-	7. <u>5.</u>	1 27
	FL			-		
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg oility the li	gistered office company, it is imited liability I liability con	e and the busine s hereby confiri y company or a npany.	ess office oned that the sotherwise	f the regi e change(provided
Signat	ure of a member or authorized representative of a member			Firer Printed or typed i	name of signe	te
the obli	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided liver reflect a change in the registered office address. I he is in whiting of this change.	e to a erfor for in reby	nct in this cap mance of my a Chapter 603 confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to co i familiar v is documen ility compa	omply wit with and a t is being my has be
Signatúi	of Registered Agent					