## L17000052974

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TMK CONSULT	ING, LLC	
Name of	Limited Liability Co	mpany
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the fo	llowing:
TONI KARA		
Name of Person		
Firm/Company		
P.O.BOX 2802		
Address		
PVB, FL 32004		
City/State and Zip Code		
TONIKARA@ATT.NET		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this mat	ter, please call:	
TONI KARA	904 5	37 5030
Name of Person		de & 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	ng amount:	
■ \$25 Filing Fee	🗖 \$55 Filir	ng Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Na	me of the limited liability company: TMK CONSULTING, LL	C		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	717 HAZELMOOR LANE PONTE VEDRA, FL		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O.BOX 2802 PONTE VEDRA BEACH, FL 32004		
04/10/20	113	L13000052934		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on a Registered Agent:	he records of the Florida Dep	ot. of State:	
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL	32301	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address	<u>ş</u> :	
NEW Registered Office Address:		717 HAZELMOOR LANE		
	(MUST BE FLORIDA STREET ADDRESS)	PONTE VEDRA	FL 32081	
confir and th liabilith the me the op	limited liability company is not organized under the I med that after the change or changes are made, the Fl e business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the reg	istered office	
TONI KA	RA		The state of the s	
Printed	or typed name of signee		ST CARE	
I here compl and I i Chapt addre	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po. er 605, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. If per and complete performan hition as registered agent as per lely reflect a change in the re has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.	

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