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FLORIDA DEPARTMENT OF STATE... Division of Corporations TALL AHASSEL ORIDA

June 15, 2016

NATACHA PIERRE 14095 COLLIER BLVD NAPLES, FL 34119

SUBJECT: TOUSSE ENTERPRISE, LLC

Ref. Number: L13000077034

We have received your document for TOUSSE ENTERPRISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00012536

SREPARY OF STATE ANASSEE FLORIDA

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOUSS C ENTENJOE 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 follow	ing:
Eliode Josephi Name of Person	
Firm/Company	
14095 Collies Blud Address	ZOIG.
Naples FC 3419	AHASSEE
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	P 12: 50
For further information concerning this matter, please call:	
Name of Person at (239) Area Area	777-USS Code & Daytime Telephone Number
Registration SectionRegistratDivision of CorporationsDivisionClifton BuildingP.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State STREET ADDRESS) EW Registered Office address: NEW Registered Office Address: 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 of 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent