1-13000089364

(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ity/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



700251243827

08/30/13--01009--020 **25.00

2819 AUG 30 - AM 9: 02

J. SAUI.SBERRY EXAMINER SEP 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TTT Consulting LLC

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 following:

Mary Enns

Name of Person

TTT Consulting LLC

Firm/Company

883 NW Sassafras Terrace

Address

Jensen Beach, Fl 34957

City/State and Zip Code

m.enns@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Enns

_{at (}772

261-8000

Name of Person

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

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	.508, Florida Statutes, the der to change its registere	e undersigned limited ed office or registered
1. Name of the limited liability company: TTT Consulting LLI	c	
2. (a) Principal office address of limited liability compar	nv: 7 F Harbor Isle Dr	
(Note: MUST BE STREET ADDRESS)	unit 105	
(Mote. Most Business Indexess)	Fort Pierce, FL 34949	
	OOO NIN Connelson Torres	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	883 NW Sassafras Terrace Jensen Beach, FL 34957	
(INNE. IMAT BETODT OFFICE BOX)		
06/20/2013	L13000089364	22 ga can
3. Date of filing/registration in Florida	4. Document number	دد، ن
3. Date of Hing/registration in Florida	4. Document number	\$ 5
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Dept. of State:
Registered Agent:	Robert M Ltoyd Jr	<u> </u>
Registered Office Address:	7 E Harbor Isle Dr	
Registered Office Address.	Unit 105	32. 0
	Fort Pierce, FL 34949	70
NEW Registered Agent:		
NEW Registered Office Address:		
(MUST BE FLORIDA STREET ADDRESS)	883 N W Sassafras Terrace Jensen Beach	FL 34957
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a (s) was/were authorized by	ne registered office Florida limited an affirmative vote of
Printed or typed name of signed I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a familiar wit	l agree to act in this capact proper and complete perfor position as registered agen nerely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
Division of Cornerations P.O. Roy		***

FILING FEE: \$25.00

INHS18 (05/08)