## 43000097132

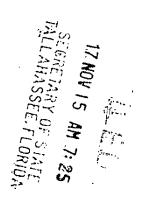
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PICK-UP WAIT MAIL						
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•					
SUBJECT: T&J IMMO 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:						
THERRY BARRANCO Name of Person						
T&J IMMO LLC						
Firm/Company	<del></del>					
Time Company						
220 NUE DE MONG-AAN Address						
SAINT-JEAN-D'ILLAC FRANCE 33127 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PAUL DE BASTOS a1 (954) 452-0030						
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:						
S25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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. Na	nme of the limited liability company: T&J IMN	10 LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing addr	UE DE MON GRÂN ress of limited liability company: AY BE POST OFFICE BOX)
	SAINT-JEAN-DITLLAC		SAINT-	JEAN-D'ILLAC
	FAANCE, 33127	<del></del>	FNANCE	, 33127
	July 09 2013 Date of filing/registration in Florida		L1300	20097132
3.	Date of filing/registration in Florida	4.	Documer	nt number
5. (a)	SUPERBIZ REGISTERED A	AGENT T	NC	
` '	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
	2761 VISTA PARKWAY	STE E	, 1	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<del></del>	-û
	•			
	WEST PALM BEACH , F	L 334	11	7.NOV CRET
(b)	Registered Agents Inc.			ARY O
( )	Enter name of NEW Registered Agent' and/or NEW Registered	ed Office addre	SS:	17 3 17
	3030 N. Rocky Point Dr.			AM 7: 25 OF STATE E. FLORID,
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·	مبد
	STE 150A			
			-	
	Tampa , <sub>F</sub>	<sub>L</sub> 33607		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the united atture of a member or authorized representative of a member	of the register liability comp s of the limite	red office and the loany, it is hereby of liability compan solity company.	business office of the registered confirmed that the change(s)
I here provisi the obl to mere notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in yriting of this change.	gree to act in te performand ded for in Cho I hereby conf		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent