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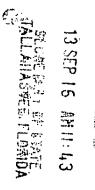
| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
| Special matructions to 1 lining Officer. | | | | | | |
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Office Use Only



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COVER LETTER .

| TO | P: Registration Section Division of Corporations | | | | | |
|---------|--|--|--|--|--|--|
| ĆI. | TAS OF | 1. 112 | | | | |
| St | JBJECT: 7 + 5 Olean Name of | Limited Lightlity Company | | | | |
| | Name of | Elimited Elatomity Company | | | | |
| De | Dear Sir or Madam: | | | | | |
| Th | e enclosed Registered Agent/Registered (| Office Change and fee(s) are submitted for filing. | | | | |
| Ple | ease return all correspondence concerning | this matter to the following: | | | | |
| | | | | | | |
| | John D. Tillis | | | | | |
| | Name of Person | | | | | |
| | | | | | | |
| | Tos Oleander L.L | C. | | | | |
| | Firm/Company | · | | | | |
| | | | | | | |
| | P.O. Box 37 | | | | | |
| Address | | | | | | |
| | | | | | | |
| | Banton El 22021 | | | | | |
| · - | Barton Fl 338 City/State and Zip Code | | | | | |
| | | | | | | |
| | E-mail address: (to be used for titure annual report | av-M.com | | | | |
| | E-mail address: (to be used for future annual report | notification) | | | | |
| E. | - C | 1 | | | | |
| го | r further information concerning this matt | er, please call: | | | | |
| | | | | | | |
| | John D. Tillis | at (863) 557-1032 | | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | | |
| | CTDEET/CAIDIED ANDECC. | MALLING ADDRESS | | | | |
| | STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | Clifton Building | P.O. Box 6327 | | | | |
| | 2661 Executive Center Circle | Taliahassee, Florida 32314 | | | | |
| | Tallahassee, Florida 32301 | , | | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | \$25 Filing Fee | | | | | |
| | 🛥 🏎 Thing rec | \$55 Filing Fee & Certified Copy | | | | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limit | ed liability company: | T+5 01 | earder, LLC | | | | |
|---|---|-----------------------|---------------------------------|----------------|--|--|--|
| 2. (a) Principal offic (Note: MUS | e address of limited liabi TBE STREET ADDRE | lity company:_ SS) | 190 5- Broads Barton, Fla 33 | 8380 | | | |
| | ess of limited liability con BE POST OFFICE BO | npany: | P.O. Box 37 Barton, F1 338 | 31 | | | |
| 7/31/ | 2017 stration in Florida | - | L 13000108326 | | | | |
| 3. Date of filing/regi | stration in Florida | 4. | Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | |
| Registered Ag | gent: | - | Thomas B. Putn. | am, Jr. | | | |
| Registered Of | fice Address: | - | LAKE, Weles, Ft. | Street | | | |
| | | - | - P: | | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address | | | | | | | |
| NEW Registe | ered Agent: | - | John D. T. M. | 5 5 1 200 | | | |
| | ered Office Address: FLORIDA STREET ADI | ORESS) | 190 S. Bracelin Barton Fl 53 | 830 | | | |
| NEW Registered Office Address: NEW Registered Office Address of the Provision of this change. NEW Registered Office Address of the State of Plot Address of the Provision of this change. | | | | | | | |
| Signature of Registered Age | Tillin | lity company i | ias been notified in writing o | f this change. | | | |
| // Di | vision of Corporations, | P.O. Box 632' | 7, Tallahassee, FL 32314 | | | | |

FILING FEE: \$25.00