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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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K. SALY JAN 1 2 2024 1/11/2024 12:08:22 PST - _ _ To: 18506176383

Page: 2/2

From: Registered Agents Inc.

Fax: 8134365206

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.

L N	ame of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		failing address of timited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	Date of filing/registration in Florida		1400018234	41 Document number	
5. (a	FLORIDA FILING & SEARCH SERVICES, INC.				
(b)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR. Registered Office Address				
	SUITE A	,~?			
	TALLAHASSEE . FL	32301		in the second second	
	Registered Agents Inc				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			m P M	
	7901 4th St N		FILED MAN II PH 4: 12 MALLYHASSEE FLORIO		
	NEW Registered Office Address:	NEW Registered Office Address:			
	STE 300				
	St. Petersburg FL_	33702			
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law to the formal with the law of a member or authorized representative of a member.	the regist bility cor f the limitionited lis	ered office npany, it is ed liability ability com Jones	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
				Printed or typed name of signee	
provis the ob to mei n <u>ot</u> ific	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. I he d in writing of this change.	performa I för in Ci erchy coi	n this capa ice of my a apter 605, ifirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
-1-	David Roberts - Assistant Se	cretary			