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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Tdawg Construction LLC	Tdawg Construction LLC			
001303	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fo	ollowing:		
Terry	Larson				
	Name of Person		_		
Tdaw	g Construction LLC				
	Firm/Company				
6821	Southpoint Dr NH Ste 129				
	Address				
Jacks	sonville, Fl 32216				
	City/State and Zip Code		_		
tdaw	gconstruction@gmail.com				
F	E-mail address: (to be used for future ann	iual report notific	cation)		
For fu	rther information concerning this matter,	please call:			
Terry	Larson	904 at (612-9283		
	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		Reg Div P.O	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	5 Filing Fee & Certified Copy		
INHSI	8 (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.

I. Na	ame of the limited liability company:	truction L	LC		
2. (a)	Tdawg Construction LLC	(b)	Tdawg Construction LLC		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ν	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6821 Southpoint Dr N Ste 129		6821 Sou	uthpoint Dr N Ste 129	
	Jacksonville, FI 32216		Jackson	ville, Fl 32216	
	03/25/2015	L	.1500005	3017	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Terry Larson				
2. ()	Registered Agent and Registered Office shown on the records of	f the Florida 1	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET) 511 Oleander St		2019 AUG 30 SECANA YANA		
	Neptune Beach	32266			
				يهديهم	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	AM DIVIS	
	6821 Southpoint Dr N Ste 129			蒙古 5	
	NEW Registered Office Address:		•		
	Jacksonville F	32216			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor of the limi	ered office upany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		Terr	y Larson		
_	iture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provid selv reflect a change in the registered office address, l ad in writing of this change.	e performa led for in C	nce of my e hapter 605	tuties, and I am familiar with and accept , F.SOr, if this document is being filed	

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

Signature of Registered Agent