L15000 154980

| (Requestor's Name) | | | | |
|---|----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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M. MILLIGAN EXAMINER

SEP -8

COVER LETTER

| Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: TMWRS, LLC | | | | | |
| Name of Limit | ted 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: | | | | | |
| Jason M. Williams Name of Person | ion | | | | |
| IMWRS, LLC Firm/Company | | | | | |
| 1916 Samantha Lane | | | | | |
| Valr; co FL 33594 City/State and Zip Code | | | | | |
| YWill Dmwfl, Co. E-mail address: (to be used for future annual report | notification) | | | | |
| For further information concerning this matter, please cal | II: | | | | |
| Vonne Williamson at (8) Name of Person | 713) 267-4733 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 Conv | | | | |

INHS18 (2/14)

DIATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR DOTH 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. Nan | ne of the limited liability company: | JRS, | 2LC |
|--|--|--|---|
| 2. (a) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Valvico, FL 33594 | (b) | 916 Samantha Lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Valr, co, FL 3359 |
| 3. 5. (a) | March 25, 2016 Date of filing/registration in Florida Tason M. William Registered Agent and Registered Office shown on the records of the | 4. 1825 | 15000 154980 Document number |
| (b) _ | Registered Office Address MUST BE FLORIDA STREET AL 10210 Saba Tree Dr., I | APT 103 | 3 74 3578 |
| F | Enter name of NEW Registered Agent and/or NEW Registered O O NEW Registered Office Address: | ffice address: | E 8: 36 |
| | Valrico , FL | 33594 | |
| the chan agent wi was/wer the arric | nited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the liable of a member or authorized representative of a member | he registered of pility company, the limited liab | ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. |
| provision the obligation merel notified | y accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change | er to act in this of the control of the control of the control of the confirm the confirmation of the conf | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been |