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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	-	<u>.</u>			





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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	TDH & Family Properties LLC				
	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for filing.		
Please return	n all correspondence concerning thi	is matter to t	he following:		
Timothy a	nd Dawn Harris				
	Name of Person				
TDH & Fa	mily Properties LLC		,		
	Firm/Company				
1175 Wen	tworth Cir				
	Address				
Rockledge	e, FLn32955				
	City/State and Zip Code				
owners@t	dhfamilypropsllc.com				
E-mail	address: (to be used for future ann	ual report no	tification)		
For further i	nformation concerning this matter,	please call:			
Timothy or	Dawn Harris	321	307-2342		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
□ \$:	25 Filing Fee	Ø	\$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 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.

Na	me of the limited liability company: TDH & Famil	y Properties	S LLG
(a)	1175 Wentworth Cir	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Rockledge, FL 32955		
	February 29, 2016	L16	000042160
	Date of filing/registration in Florida	4.	Document number
(a)	Timothy Harris		
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	808 Temple Street		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Cocoa , FI	32922	16.
(b)	Timothy Harris		HASS.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	<u> </u>
	1175 Wentworth Cir		An le: 30
	NEW Registered Office Address:	•	
	Rockledge	32955	
	, FI	L	
cha ent v s/we arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	f the registere iability compared the limited liability compared to act in the contract of the contract in the	d office and the business office of the registerny, it is hereby confirmed that the change(s) liability company or as otherwise provided lity company. Printed or typed name of signee this capacity. I further garee to comply with
visi obl	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ly reflect a change in the registered office address, I	e performance ed for in Chap hereby confir	of my duties, and I am familiar with and active 605, F.S. Or, if this document is being firm that the limited liability company has been

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