116000115427

(Ro	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne) .
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT MAR 1 7 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

WILLIAM PACHECO 8240 SW 42 ST MIAMI, FL 33155

SUBJECT: TEGU WORLD LLC Ref. Number: L16000115427



We have received your document for TEGU WORLD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

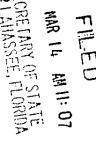
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 217A00003279



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tegu World Name of Limi	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
William Pacher	<u>CD</u>	
Tegu World, 220	-	
8240 5W 42 Stre	<u>ee</u>	TALL TALL
Miami, FL 331 City/State and Zip Code	55	AHASSEE.
Tegu world @ 9MA-11.CO	notification)	ANY OF STATE SSEE, FLORIDA
For further information concerning this matter, please ca	11:	
William Jacheco at (7) Name of Person	86 <u>357-2969</u> 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	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

1. N	ame of the limited liability company: 1690 WOSID, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX)
	· · · · · · · · · · · · · · · · · · ·
3.	June 15, 2016 Date of filing/registration in Florida L 16000115427 Document number
5, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8240 5W 42 Street
	M; Am / ,FL 33/55
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: $\frac{68005\omega}{4054}$ $\frac{4054}{102}$
	MIAMI , FL 33155
the ch agent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in sicles of organization of the operating agreement of the limited liability company. While Many a Checo and the provided in the company of the operation agreement of the limited liability company. Printed or typed name of signee
$\perp L L$	the accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been adjusted in writing of this change. The confirmation of this change is the confirmation of the