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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______

Name of Limited 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:

GENE S BONHAM

Name of Person

GENE S BONHAM CPA PA

Firm/Company

1999 N UNIVERSITY DR SUITE 212

Address

CORAL SPRINGS, FLORIDA 33071

City/State and Zip Code

gsbonhamcpa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene a	S. Bonham	954 753-6966
<u> </u>	Name of Person	Area Code & Daytime Telephone Number
5	STREET/COURIER ADDRESS:	MAILING ADDRESS:
F	Registration Section	Registration Section
I	Division of Corporations	Division of Corporations
(Clifton Building	P.O. Box 6327
-	2661 Executive Center Circle	Tallahassee, Florida 32314
	Fallahassee, Florida 32301	

2 \$25 Filing Fee

□ \$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.

l. Na	me of the limited liability company:	TMENT	GROUP	LLC	
2. (a)	2041 Wilton Dr Wilton Manors, FL 33305	(b) SAME		
(,	Principal office address of limited liability company: (<u>Note: <u>MUST BE STREET ADDRESS</u>)</u>	(1		-	is of limited liability company: <u>Y BE POST OFFICE BOX</u>)
					18 840
	11/18/2016		L160002	23839	APR 10
ş.	Date of filing/registration in Florida	4.		Document	number 2 0
(a)	Ezgi Sertcetin		_	_	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 9615 Waterview Way				25 NDA
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Z	-	
	Parkland	33076		_	
(b)	Gene S Bonham CPA PA			_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office ad	<u>dress</u> :		
	1999 N University Drive, Suite 212				
	NEW Registered Office Address:			_	
	Coral Springs	33071		_	
he cha gent v vas/we he arti	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member	f the regis lability co of the lim	stered offic ompany, it ited liabili iability con	e and the bu is hereby con ty company mpany.	siness office of the registered nfirmed that the change(s)
Therei	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly filect a change in the registered office address, I	ree to act e perform ed for in C hereby co	in this car	pacity I furi	her agree to comply with the

Signature of Registered Agent

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