## 11700000 4945

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## COVER LETTER

Division of Corporations	,
Train The Tiger LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Jennifer Malt	
Name of Person	
Train The Tiger LLC	
Firm/Company	
13720 Exotica Lane	
Address	
Wellington, FL 33414	
City/State and Zip Code	
jenmalt16@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Jennifer Malt	561 8469444
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	ınt:
<b>☑</b> \$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.

1 107 16	a.	Train The Tig	erIIC		
<ol> <li>N</li> <li>(a)</li> </ol>	ame of the limited liability company: 13720 Exotica Lane, Wellington	on FL 33414	(b)		xotica Lane, Wellington FL 33414
	Principal office address of limited I  (Note: MUST BE STREET)			N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/06/2017		 L	1700000	4945
3.	Date of filing/registration i Jennifer Malt	n Florida	4.		Document number
5. (a)	Registered Agent and Registered Office sho	own on the records of	the Elorida I	boot of State	
	12687 Westport Circle	mir on the records or	ine riosida i	rept. or state.	
	,		<del></del>		
	Registered Office Address (MUST BE FLORIDA STREET AL		(DDRESS)		 ()
	Wellington		33414		<u>,</u>
		, ł·l.			2
	Jennifer Malt				.9
	Enter name of NEW Registered Agent and	l/or NEW Registered	Office addr	ess:	- <del> </del>
	13720 Exotica Lane			<del></del>	<del></del>
	NEW Registered Office Address:				
	Wellington	, FL	33414		
the ch agent was/w the art	will be identical. Or, in the case of a rere authorized by an affirmative vote ticles of organization or the operating	nized under the lay a street address of Florida limited lia of the members of agreement of the	the register ability con If the limit limited lia	ered office apany, it is ed liability bility com ifer Malt	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	atule of intemper of authorized representative	e of a member			Printed or typed name of signee
provis the ob to mer	ions of all statutes relative to the pro	per and complete	performai.	ice of my a	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered