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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•
SUBJ	TP Services Group LLC		
		ne of Limite	ed Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to	the following:
Robii	n Muller		
	Name of Person		
IDAG	Group LLC		
	Firm/Company		
3060	Palm Harbor Blvd. #B12		
	Address		
Palm	Harbor, FL 34683		
	City/State and Zip Code		
legal	@idagroup.net		
F	E-mail address: (to be used for future ann	iual report r	otification)
For fu	rther information concerning this matter.	please call	:
Robir	n Muller	813	, 5863030
	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		1.055 P.W. B. 0.0 10 15
	□ \$25 Filing Fee	€	S55 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.

TP SERVICES GROUP LLC	15-1-205	(b) TP SERVICES GROUP LLC		- · · · · · · · · · · · · · · · · · · ·
Principal office address of limited l (Note: MUST BE STREET			:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
27 E ORANGE ST			27 E OR	ANGE ST
TARPON SPRINGS, FL 346	89		TARPO	N SPRINGS, FL 34689
02/17/2017			L1700003	38587
Date of filing/registration	in Florida -	4.		Document number
IDA GROUP, LLC				
Registered Agent and Registered Office sho	own on the records of the F	loric	la Dept. of State	: ::
3060 PALM HARBOR BLVD				5
Registered Office Address (MUST BE	FLORIDA STREET ADD	RES	<u>(S)</u>	•
B-12				191 45
PALM HARBOR	, FL 34		,	
	, FL			FI 12
Thomas Joss				
Enter name of NEW Registered Agent and	d/or NEW Registered Offi	ice a	ldress:	25
398 WOOD CHUCK AVE				
NEW Registered Office Address:				
Tarpon Springs	, FL 34	689		

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas Joss

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent