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J. HARRIS

. COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: TLC Investment Properties LLC. Name of Limited Liability Company							
Number Elability 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:							
Myraa M Roman Name of Person							
TLC Investment Properties ((C) Firm/Company							
1717. N BayShore Dr. Suite 2042 Address							
Miami, FL 33132 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Myrna Roman at (470) 2(3-1280 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:							
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy							
= \$35 i mig i ce & Cetimed Copy							

INHS18 (2/14)

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.	Na	ame of the limited liability company: T/C Inu	estm	unt Propert	res l	10
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	b)	Mailing address of limited liabilit (Note: MAY BE POST OFFI		
		1717 N Bay Shore Dr 2012	 		-	
		Miami, FL 33132.			•	
2		04/07/2017	117	00007903	7.	
3.5.	(a)		D. CO.	Document number		
		Registered Agent and Registered Office shown on the records of the Florid	a Dept. of Sta	ite:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS	<u>50</u>	_	الإجسد	
		Miami , FL 33	3132	-	7 APR 27	
	(b)	Franky Delhas				記れる
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office ad	ldress:		PH +:	(%) A1
					22	S.M.
		NEW Registered Office Address:	_	_		
		1717 N Bay Shave Or. #:	2042	<u> </u>		
		miami , FL 33	132	_		
		limited liability company is not organized under the laws of the ange or changes are made, the Florida street address of the regi				
age was	nt w s/we	will be identical. Or, in the case of a Florida limited liability or ere authorized by an affirmative vote of the members of the lin icles of organization or the operating agreement of the limited	ompany, it nited liabili	is hereby confirmed that the ty company or as otherwise	change(s	s)
		<u>M</u>	lyrna	Printed or typed name of signee		
	-			_		. 4
pro the to n	visie obli nere	by accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perform ligations of my position as registered agent as provided for in early reflect a change in the registered office address, I hereby completely reflect of this change.	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to co. duties, and I am familiar w 5, F.S. Or, if this document the limited liability compar	mply with ith and action is being you has be	n the ccept filed en
Sign	natur	Tre of Barciared Agent				