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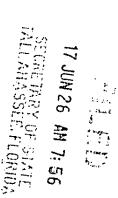
(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Teamworks A	c of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jessie Wallace Name of Person	
Teamworks Art, LLC Firm/Company	
Firm/Company	
1531 Pangborn Statio	n Dr
Decatur, GA 300; City/State and Zip Code	
Jessie. Wallace @ qma'i E-mail address: (to be used for furare annu	al report notification)
For further information concerning this matter,	
Jessie Wallace Name of Person	·
Name of Person	at (404) 201- 0144 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	amount:
\$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.

Name of the limited liability company:	Teamw	w ks	. Art	LLC	
2. (a) 4246 Blue Major	r Dr		1531	Pangborn	Station DR
Principal office address of limited liab (Note: MUST BE STREET AL				niling address of limite (Note: MAY BE POS	
Windermere, FL	34786	- .	Decat	ur, GA	30033
0 5/04/2017 Date of filing/registration in			L17(000 99 77	8
3. Date of filing/registration in	Florida	4.	D	ocument number	
5. (a) Chris B Wallace	<u></u>				
Registered Agent and Registered Office shows	n on the records of the	e Florida I	Dept. of State:		
4246 Blue Majo			<u></u>		
Registered Office Address (MUST BEFL	<u>ORIDA STREET AD</u>	DRESS)			
					(*.
Windermare	, FL	347	86	::::::::::::::::::::::::::::::::::::::	17
Ala. 141 - 1 1					
(b) Alex Wright Enter name of NEW Registered Agent and/or	r NEW Pagistared O	ffice addr		er - Co - Co -	o√ 26
and the or May Registered Agent and/or	NEW Registered O	ince auur	<u>css</u> .	ي لد. تين دين	3 (7)
4246 Blue Majo	r Dre				2
NEW Registered Office Address:					့ တိ
			_	·	
Windermere	, FL	347	186		
If the limited liability company is not organize the change or changes are made, the Florida's agent will be identical. Or, in the case of a Fl was/were authorized by an affirmative vote of the articles of organization or the operating ag	treet address of the lorida limited liab f the members of t	ne registe ility com the limit	ered office a npany, it is he ed liability of	nd the business of ereby confirmed to company or as other	fice of the registered hat the change(s)
ToeslDer			_Jess	ie Walla	ce
Signature of a servicer or authorized representative of			P	rinted or typed name of	of signee
I hereby accept the appointment as registered provisions of all statutes relative to the prope the obligations of my position as registered at to merely reflect a change in the registered of notified in writing of this change.	I agent and agree r and complete pe gent as provided f fice address, I he	to act in erforman for in Ch reby con	n this capac ace of my du apter 605, I firm that the	ity. I further agre ties, and I am fam F.S. Or, if this doc c limited liability c	e to comply with the iliar with and accept cument is being filed company has been

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

Signature of Registered Agent