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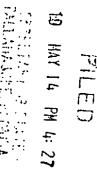
| (Requestor's Name) | | | | | | |
|---|--------------------------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | |
| PICK-UF | WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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O SIMMONS

COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Divis | ion of Corporations | | | | | |
|---|---|----------------|---|--|--|--|
| SUBJECT: | TUKEN SERVICES, LLC | | | | | |
| oob, een | Name of Limited Liability Company | | | | | |
| Dear Sir or M | ladam: | | | | | |
| The enclosed | Registered Agent/Registered Off | fice Change a | and fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning th | nis matter to | the following: | | | |
| TULSI AZO | DRE | | | | | |
| | Name of Person | | | | | |
| TUKEN SE | ERVICES, LLC | | | | | |
| | Firm/Company | | | | | |
| 2206 NOV | A VILLAGE DRIVE | | | | | |
| | Address | - | ······ | | | |
| DAVIÉ, FL | ORIDA 33317 | | | | | |
| | City/State and Zip Code | | | | | |
| tulsi.azore(| @gmail.com | | | | | |
| E-mail a | address: (to be used for future an | nual report n | otification) | | | |
| For further in | formation concerning this matter | , please call: | | | | |
| TULSI AZC | DRE | at (| (954) 558-2186 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| Regis Divis Clifto 2661 | stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | | | |
| 2 \$2 | 5 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. N | ame of the limited liability company: TUKEN SERV | ICES, | , LLC | | | |
|--|---|---|---|---|--|--|
| 2. (a) | 2206 NOVA VILLAGE DRIVE | a | _{b)} 2206 N | IOVA VILLAGE DRIVE | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - '' | ., | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | DAVIE, FLORIDA 33317 | - | DAVIE. | FLORIDA 33317 | | |
| | 05/09/2017 | - | L170001 | 02800 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | UNITED STATES CORPORATION AGENTS. | , INC. | | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 WINDING OAK COURT, A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | | | _ | | |
| | TAMPA FL 3 | 3612 | | 新 | | |
| (b) | TULSI AZORE | | | | | |
| () | nter name of NEW Registered Agent and/or NEW Registered Office address: | | | 一篇三届 | | |
| | 2206 NOVA VILLAGE DRIVE | 10 ¹⁷ | | | | |
| | NEW Registered Office Address: | | | 27 | | |
| | DAVIE | 3317 | | - | | |
| the cha agent v was/wo the arti | imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limit. | ne reginate ility control the limited l | stered offic ompany, it nited liabili liability co | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. | | |
| Signa | ture of a member or authorized representative of a member | | 10.151 | Azcke. Printed or typed name of signee | | |
| provisi the obl to merc notified | by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided pely reflect a change in the registered office address. I he dim writing of this change. | e to aci | t in this car | pacity. I further agree to comply with the | | |
| | [in- | | | | | |
| Signatu | re of Registered Agent | | | | | |