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COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SUBJI	TM&D Solutions Services LLC					
	bility Company					
Dear S	ir or Madam:					
The er	closed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the fo	ollowing:			
Micha	ael Azzara					
	Name of Person		_			
TM&I	O Solutions Services LLC					
	Firm/Company		_			
2514	Delaware Avenue					
	Address		_			
Fort F	Pierce, Florida 34947					
	City/State and Zip Code		_			
tmds	olutionsservices@yahoo.com					
F:	-mail address: (to be used for future and	nual report notific	ation)			
For fu	ther information concerning this matter	, please call:				
Micha	ael Azzara	561	305-1054			
	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	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	☑ \$55	Filing Fee & Certified 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.

l. Na	ume of the limited liability company: TM&D Solut	ions Service	s LLC
2. (a)	1601 Wyoming Avenue	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Pierce, Florida 34982		
	08/10/2017	 L17	000171338
i.	Date of filing/registration in Florida	— _{4.} —	Document number
	Anthony Freeman		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State:
	-		
	Registered Office Address (MUST BE FLORIDA STREET	 56 6	
	1601 Wyoming Avenue		
	Fort Pierce	34982	THE ED
		l.a	
(b)	Thomas Sanders	2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	29 RDA RDA	
			·
	NEW Registered Office Address:		
	2514 Delaware Avenue		
	Fort Pierce	, 34947	
C.1 1			
he cha	mited liability company is not organized under the lange or changes are made, the Florida street address of	of the registered	d office and the business office of the registered
gent v	vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members	iability compa	ny, it is hereby confirmed that the change(s)
he arti	cles of organization or the operating agreement of the	e limited liabili	ity company.
	Memall - French	Anthony	y Freeman
	ure of a member or authorized representative of a member		Printed or typed name of signee
roviși he obl o mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and completi- igations of my position as registered agent as provid- ely reflect a change in the registered office address, l I'in writing of this change.	e performance	of my duties, and I am familiar with and accep
14m	n Brown		
Signatui	re of Registered Agent		

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.

TM&D Solutions Services LLC						
	me of the limited liability company:					
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Pierce, Florida 34982	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	08/10/2017	L17	000171338			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Anthony Freeman					
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept	t, of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1601 Wyoming Avenue					
	Fort Pierce, FL	34982	6			
(b)	Thomas Sanders		THE PROPERTY OF THE PARTY OF TH			
(8)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	FILED # 2:			
	NEW Registered Office Address:		2: 29 DAILE DAILE			
	2514 Delaware Avenue	 	<u> </u>			
	Fort Pierce FL	34947				
agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of licles of organization or the operating agreement of the	ability comp of the limited limited liab	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in			
Signa	course of a member or authorized representative of a member					
provis the ob to mer notifie	why accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address. It writing of this change.	" (a c - ' · ' c ·)	The E.C. Ow it this document is being tiled			
	ure of Registered Agent					