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## **COVER LETTER**

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJI	Tilford Design Studio, Ilc		
		ne of Limited Liab	ility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the fol	llowing:
Todd	Tilford		
	Name of Person		•
Tilfor	d Design Studio		
	Firm/Company		•
4153	Bald Eagle Dr.		
	Address		•
Kissir	mmee Florida 34746		
	City/State and Zip Code		•
toddn	ntilford@gmail.com		
Ŧ	-mail address: (to be used for future an	nual report notifica	ation)
For fu	ther information concerning this matter	r, please call:	
Todd	Tilford	321 at (	960-2194
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the followin	g amount:	
	☑ \$25 Filing Fee	□ <b>\$</b> 55	Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1. Na	ame of the limited liability company:	Studio	o, ilc				
2. (a)	, , , ====	(ł	o)				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		failing address of limite	•	•	•
	4153 BALD EAGLE DR.		4153 BA	LD EAGLE DR.			
	KISSIMMEE, FL 34746	<del>_</del>	KISSIMM	1EE, FL 34746	_		
	08/18/2017		L1700017	6867			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.					
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u> </u>				
	ORLANDO , FL	32822			72	19	
(b)	Todd Tilford					SEP	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>ldress</u> :		SLELFICOROX	ω_	:77
_						<b>産</b>	
	NEW Registered Office Address:					~£	
	4153 Baid Eagle Dr.				± 7°		
	Kissimmee , FL	34746					
the charagent was/w the art  Signa  I here provise the obsto mer notifie	simited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the multiple of a member of the accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I if a din writing of this change.	the reginability confidence in the limited in the l	stered office ompany, it is nited liability liability com dd Tilford	and the business of hereby confirmed vectors and the business of pany.  Printed or typed name vectors. I further care	office of the that the content of signee	ne reg hange rovide	istore e(s) ed in