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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Teff Monaco LLC- Name of Limited Liability 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:			
Jeffrey Moraco Name of Person			
Jeff Moraco LLC Firm/Company			
1272 Raintree Lane Address			
Wellington, FL 33414 Scity/State and Zip Code			
Jeffmonaco Reagan. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Teff Monaco at (501) 313-0300 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 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 & 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.

rioriaa	ı.
1. Name of the limited liability company: JEFF MORGO LC	
2. (a) 1272 Raintree Lane (b) 1272 Raintree Lane Principal office address of limited liability company: Mailing address of limited liability company:	pany:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BO	121
wellington Fr. 35917 Delington, Fr. 201	
	+
9-21-17 492882	
3. Date of filing/registration in Florida 4. Document number	l
5. (a) LecalCorb Solution, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	1
3440 W. Hollinward Blud.	ı
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Swite 415	
Hollywood FL 33021 3 3	
(b) Jeffrey Monaco	177
Enter name of NEW Registered Agent and/or NEW Registered Office address:	O
1272 Raintree Lane NEW Registered Office Address:	
Wellnaton Fr. 33414	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the re	
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chan was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provi	ige(s)
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member or authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.	with the ad accept ing filed s heen
Signarde of Registered Avent	