## 117000206325

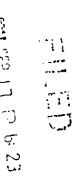
(Requestor's Name)					
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9/20/18 DS

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CHE	ECT:	TQY, LLC			
SUBJ	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered O	fice Change and fee(s) are submitte	ed for filing.		
Please	e return all correspondence concerning t	his matter to the following:			
Clifto	on H. Rodriquez, CPA				
	Name of Person				
Clifto	on H. Rodriquez, CPA, PA				
	Firm/Company				
3146	NW 68th Street		हाः ही चार्यः प्रतिके स्था		
	Address				
Fort	Lauderdale, Florida 33309-1206		 		
	City/State and Zip Code		Ç		
crod	zzz13@gmail.com		; L		
	E-mail address: (to be used for future ar	nual report notification)			
For fu	erther information concerning this matte	r, please call:			
Clifto	n H. Rodriquez, CPA	954 557-9038			
	Name of Person	Area Code & Da	aytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions		
	Enclosed is a check for the following	g amount:			
	□ \$25 Filing Fee	■ \$55 Filing Fee & Ce	ertified 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

1. Na	ime of the limited liability company: TQY, LLC			
2. (a)	2700 SW 25th TERRACE	(b) 1513 SW 18th AVENUE		
<u> </u>	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 LAUDERDALE, FLORIDA 33312	FC	PRT LAUDERDALE, FLO	ORIDA 33312
	09/12/2018	L17	000206325	
3.	Date of filing/registration in Florida	4.	Document number	•
5. (a)	LOAN T. LE			
J. (a)	Registered Agent and Registered Office shown on the records of	. of State:		
	1513 SW 18th AVENUE			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
			·	र म
	FORT LAUDERDALE	33312		7 <b>5</b>
(b)	TOMMY VAN LE  Enter name of NEW Registered Agent and/or NEW Registered  1513 SW 18th AVENUE	<del></del>	7 7 5: 23	
	NEW Registered Office Address:		<del></del>	
	FORT LAUDERDALE , FL	33312		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of the case of the appointment as registered agent and agreement of the case of the appointment as registered agent and agreement of the case of th	f the registere ability compared the limited liability LOAN	d office and the business offiny, it is hereby confirmed the liability company or as other ity company.  T. LE  Printed or typed name of this canacity. I further agree	ice of the registered at the change(s) rwise provided in signee
provisi the obl to merc notified	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of for in Chap hereby confir	of my duties, and I am Jami, ster 605, F.S. Or, if this doci m that the limited liability co	liar with and accept iment is being filed ompany has been

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