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(((H22000409377 3)))



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Division of Corporations

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From:

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Phone : (888)462-3453 Fax Number : (877)919-2613

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LLC REGISTERED AGENT CHANGE T-TOWN VENTURES, LLC

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C. BRUMBLEY
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(((H22000409377 3)))

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	T-TOWN VENTURES, LLC		
00202		ame of Limited I	Liability Company
Dear Sir	or Madam:		
The enci	losed Registered Agent/Registered C	office Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the	following:
LOVETI	TE DOBSON		
	Name of Person		
INCFILE	COM LLC		
	Firm/Company		
17350 ST	TATE HWY 249 #220		
	Address		-
HOUST	ON, TEXAS 77064		
	City/State and Zip Code		
EFILE12	34@INCFILE.COM		
—— Ē-i	mail address: (to be used for future a	nnual report noti	fication)
For furth	ner information concerning this matte	er, please call:	
LOVET	E DOBSON	888 at (462-3453
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the following	ng amount:	
{	■ \$25 Filing Fee	Q 5	55 Filing Fee & Certified Copy
INHS18 ((2/14)		(((H22000409377 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000409377 3)))

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	lame of the limited liability company: T-TOWN VE	NTURES, L	LC	· · · · · · · · · · · · · · · · · · ·
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(o,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2641 GATELY DR W#1204		7937 Bogi	e Ave N
	WEST PALM BEACH, FL 33415		Saint Peter	rsburg, FL 33710
	11/28/2017		L17000243	772
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
J. (a	Registered Agent and Registered Office shown on the record	s of the Florid	a Dept. of Stat	 c:
	THOMAS PIERRE, JR.		·	
	Registered Office Address (MUST BE FLORIDA STRE	ETADDRES	<u>\$)</u>	
	2641 GATELY DR W #1204	_		2022 Sec. Ta
	WEST PALM BEACH	FL 33415		E E
		· · · · · · · · · · · · · · · · · · ·	. 4	5
(b)			· · ·	Y OF PH
	Enter name of NEW Registered Agent and/or NEW Regists	ered Office ac	<u>idress</u> :	
	REPUBLIC REGISTERED AGENT LLC		•	STATE
	NEW Registered Office Address:			_
	1150 Nw 72nd Ave Tower I Ste 455			_
	Miami	FL ³³¹²⁶	•	
	•	rL	·	_
change agent was/w	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the product	the register I liability corrs of the lin the limited	ed office and ompany, it is nited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
Signa	sture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and cions of all statutes relative to the proper and completing actions of my position as registered agent as proviety reflect a change in the registered office address, din writing of this change.	agree to act etc perform ided for in (, I hereby co	t in this cape ance of my o Chapter 605 onfirm that i	aging I further agree to comply with the
	wette Doloov			
المانين .	no or registered regett			