L18000 019 660

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500337300655

11/25/13--01029--016 ++55.00

SECRETABLE OF STATE

SECRETABLE OF STATE

FILED

RA Change

D CUULTY

COVER LETTER

TO: Registration Section Division of Corporations		
TG IMPORT & EXPORT LL SUBJECT:	-C	
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
VIVIANE DOS REIS PINA		
Name of Person	 	
T G IMPORT & EXPORT LLC		
Firm/Company		
20208 CANE RIVER WAY		
Address		
TAMPA, FL 33647-3351		r IAit
City/State and Zip Code		SE SE
vpina@one55.com		- 13 PE
E-mail address: (to be used for future and	nual report notification)	- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
For further information concerning this matter,	r, please call:	FM 12: C9
VIVIANE PINA	813 808-9546	
Name of Person	Area Code & Daytime Telephone Number	C/S
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	g 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

1. Na	ame of the limited liability company:	& EXPO	ORT LLC			
2. (a)	2253 TWELVE OAKS WAY	(b	2253 TV	VELVE OAKS WAY		
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability co		
	UNIT 102		UNIT 10	2		
	WESLEY CHAPEL, FL 33544		WESLEY	Y CHAPEL, FL 33544		
	01/22/2018		L1800001	9660		
3. 5. (a)	Date of filing/registration in Florida KANEDA, VANESSA PINA	4.		Document number		
J. (a)	Registered Agent and Registered Office shown on the records of 20115 OAK ALLEY DR	the Florida	Dept, of State	::		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	1			
	TAMPA , FI	33647				
(b)	VIVIANE DOS REIS PINA				,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:	-	3 经第一	
	20208 CANE RIVER WAY				52 (164 52 (164 53 (164)	
	NEW Registered Office Address:			•	75 71 2007 2007 2007 2007 2007 2007 2007 20	
	TAMPA FI	33647-	3351		ORATION 1/2: CO	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis lability co of the lim	stered office impany, it is sited liability	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro	e registered ange(s)	
1	audu	VIV	IANE DO	S REIS PINA		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and ag 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.	ree to act e perform ed for in C hereby co	in this cape ance of my Chapter 605 onfirm that	acity. I further agree to comp duties, and I am familiar with 5, F.S. Or, if this document is the limited liability company f	ly with the and accept being filed has been	

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

Signature of Registered Agent