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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE TCM INTERNATIONAL TRADE LLC

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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	nme of the limited liability company: TCM INT	ERNA	TIONAL TRADE LLC	
2. (a)	144-42 JEWEL AVENUE	(b) 144-42 JEWEL AVENUE		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(97	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:
	FLUSHING, NEW YORK (NY) 11367 UN	_ FI	FLUSHING, NEW YORK (NY) 11367 (JN_
	02/13/2018	L1	18000039612	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC.			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dep	ept. of State:	
	5237 Summerlin Commons			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	Suite 400			
	Fort Myers . FL	33907	··	96
			——————————————————————————————————————	2 F
(b)	Registered Agents Inc.			<u>.</u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	: <u>ss</u> :	"
	7901 4th St N		7.0 0.0 0.0 0.0	
	NEW Registered Office Address:		======================================	
	STE 300		<u> </u>	ı
	St. Petersburg	33702		
the cha agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp of the limited	pred office and the business office of the regis pany, it is hereby confirmed that the change(ed liability company or as otherwise provided bility company.	stered s)
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to mer notitje	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide yelv reflect a change in the registered office address, I did not be a supply of this change. Bill Havre - Assistan	perjormand d for in Cha hereby confi	ce of my duties, and r am familiar with and a apter 605, F.S. Or, if this document is being firm that the limited liability company has be	u. i. e iz