418000062388

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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A SONKEE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CATHERINE CORDNER Name of Person
TAMNE TIT, LC Firm/Company
840 WEBER ST Address
ORUNDO, TL, 32803 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OREG GRONER at (407) 256-0192 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.

l. Na	me of the limited liability company: TAMVEX TITLLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 840 WEBER STREET Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, 72, 32803 ORLANDO, 72 3280
3.	3-09-2018 Date of filing/registration in Florida L1800062388 FET/FT 4. Document number
5. (a)	NITED STOTE CORPORTION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	ORIANDO FL32822 FLSSER & T
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: State of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	ORCA MOD
	FL 32803
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
l horol	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisie the obli to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in Writing of this change.
Signatu	re of Registered Agent