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O SHA ACKS

COVER LETTER

	egistration Section ivision of Corporations		·			
SUBJEC						
]	Name of Limited	d Liability Company			
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning	g this matter to t	he following:			
Thomas J.	Beggs IV					
	Name of Person	- 				
TJB3 LLC						
	Firm/Company					
195 N. Wa	shington Ave.					
	Address					
Madison, l	FL 32340					
	City/State and Zip Coo	le				
chipbeggs	@embarqmail.com					
E-m	ail address: (to be used for future	annual report no	otification)			
For further	er information concerning this mat	ter, please call:				
Thomas J.	Beggs IV	850 at (494-4064)			
	Name of Person		Area Code & Daytime Telephone Number			
<u>N</u>	lailing Address:		Street Address:			
	egistration Section		Registration Section			
	ivision of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
T	allahassee, FL 32314		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303			
E	nclosed is a check for the follow	ing 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

. . . . X

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	ame of the limited liability company:						
2. (a)	195 N. Washington Avc.		(b)	195 N. Was	hington Ave.		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Madison, FL 32340	·		Madison, FL	. 32340		
	03/12/2018		I	.1800006335	3		
3.	Date of filing/registration in Florida	4.	_	1	Ocument number		
5. (a	Thomas J. Beggs III						
J. (u.	Registered Agent and Registered Office shown on the records 195 N. Washington Ave.	s of the Flo	rida l	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STRE	2021 SEC					
(b)	Madison	FL32340)		100 I		
	Thomas J. Beggs IV				AHASSI A		
` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:				SECRETARY OF STATE		
	195 N. Washington Ave.						
	NEW Registered Office Address:						
	Madison ,	FL)				
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membericles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the operating organization or the operating organization o	the regist I liability rs of the the limite	erec con limited lia	l office and apany, it is let is let it is let it is let	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in lany.		
Signature of a member or authorized representative of a member				as J. Beggs I			
I here provis the ob to men notifie	eby accept the appointment as registered agent and cions of all statutes relative to the proper and completions of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change. The confection of the change in the registered office address, and in writing of this change.	agree to a ete perfoi ided for i , I hereby	act i rmai n Ci , coi	n this canac	Printed or typed name of signee rity. I further agree to comply with the sties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been		