L18000132399

(R	equestor's Name)	
(A	ddress)	-
		<u> </u>
(A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	□ WAIT	MAIL
(B	usiness Entity Name)	·
(D	ocument Number)	
Certified Copies	Certificates of Stat	us
Special Instructions to	Filing Officer:	
MAIL.	out	
	Office Use Only	



500392830775

08/25/22--01001--006 **25.00

ATT AREASEN ATTA

ZZAUG 25 AM 9:57 ZBEGAL QEESTATE

A. BUTLER AUG 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Tailored Supple Name of Limit	rt Services LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Natalia Golden Name of Person	
Tailored Support Services Firm/Company	LLC
2639 N Monroe Street, Suite	<u>A-11</u> 8
Tallahassee, FZ 32303 City/State and Zip Code	
tailored Services co @ Outlook. c E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	N:
Natalia Golden at (8	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
Enclosed is a check for the following amount:	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

I. N	ame of the limited liability company: Tailored Support Services LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Rerry To cest Parkway D4-32-8
	Tallahassee, FL 32303 Tallahassee, FL 32309
	Date of filing/registration in Florida L 18000132399 Document number
3. 5. (a)	Notalia Caldon
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2639 North Monroe Street, Suite A-118
chang agent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the se 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) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
_	Natalia Colchen lature of a member or authorized representative of a member Natalia Colchen Printed or typed name of signee
provi. the ol- to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.
Signa	Mation & Oll ture of Registered Agent