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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	THORUS PROPERTY LLC	C				
	Name of Limited Liability Company					
Dear S	Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
WIL	SON KULKAMP					
	Name of Person	<u></u>				
THO	ORUS PROPERTY LLC					
	Firm/Company					
260	7 NE 8th Avenue, Apt 61					
	Address					
Wilto	on Manors, Florida 33334					
	City/State and Zip Code					
Wils	onKulkamp@gmail.com					
E	-mail address: (to be used for future anr	nual report notification)				
For fur	ther information concerning this matter,	, please call:				
Wilse	on Kulkamp	312 536-8564				
	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	☐ \$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:THORUS P	ROPER	TY LLC	· · · · · ·
2. (a)		(b)	ı	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2607 NE 8th Avenue, Apt 61		2607 NI	E 8th Avenue, Apt 61
	Wilton Manors, FL 33334		Wilton N	Manors, FL 33334
	May 31, 2018		L180001	35038
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Wilson Kulkamp			
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	±
	Registered Office Address (MUST BE FLORIDA STREET	ECE TAI		
	1000 River Reach Drive, #209			ZO19 JUL 2 SECRL IA TALLAH
	Fort Lauderdale , FI	33315		D: 2
(b)	Wilson Kulkamp			22 PH I2: 01
(1)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	FL :01
	NEW Registered Office Address:			•
	2607 NE 8th Avenue, Apt 61			
	Wilton Manors, FI	L_33334	ļ	
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co of the limited I	tered office mpany, it is ited liability ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	YKIFD	Wi	ison Kulk	,
,	nture of a member of authorized representative of a member			Printed or typed name of signee
provis the obt 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 performa ed for in C hereby co	in this cap ince of my hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signate	fre of Registered Agent			

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