## 48000 154877

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





000315299100

07/05/18--01017--027 \*\*25.00

FILED

SECRETARY OF STATE ARBOA

## COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	TRUCON ENTERPRISES	LLC		
301371.01.	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Off	ce Change and fee	(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to the foll	owing:	
UGUR D	AGKILIC			
	Name of Person	"		
ATLANTI	C CONSTRUCTION LLC			
	Firm/Company			
514 GAR	DENS DRIVE #202			
	Address			
POMPAN	IO BEACH FL 33069			
	City/State and Zip Code			
TRUCON	IUSA@GMAIL.COM			
E-mail	address: (to be used for future ann	ual report notifica	ion)	
For further is	nformation concerning this matter.	please call:		
UGUR DA	AGKILIC	954	255-9659	
	Name of Person		Area Code & Daytime Telephone Number	
Regi Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regisi Divisi P.O. I	ING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
Enc	losed is a check for the following	amount:		
<b>2</b> 4 \$	25 Filing Fee	□ \$55 H	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.

1. Na	ame of the limited liability company: TRUCON EN	ITERPRI:	SES LLC
2. (a)	514 GARDENS DRIVE	(b)	SAME
<u> </u>	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)	(\"/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#202		
	POMPANO BEACH FL 33069		
	06/25/2018	L	18000154877
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UGUR DAGKILIC		
<i></i> ( <b>(4)</b>	Registered Agent and Registered Office shown on the records of t	he Florida De	ept. of State:
	514 GARDENS DR		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del>
	#202		
	POMPANO BEACH .FL	33069	SECR T
(b)	ATLANTIC CONSRUCTION LLC		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
	514 GARDENS DR		JUL -5 PM 12: 03  JUL -5 PM 12: 03  LLANDS SEE FLORIDA
	NEW Registered Office Address:		
	#202		
	POMPANO BEACH , FL	33069	
the cha agent v was/we the arti Signa I hereovisi the obli to mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agreement of all statutes relative to the proper and complete place of the position of my position as registered agent as provided by reflect a change in the registered office address. In the in writing of this change.	the register ibility complete the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in polity company.    Company