# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000354703 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

rc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T25010000062 Phone : (323) 962-8600 : (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE TEMENO ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DEC 1 7 2019

A LUNT

Electronic Filing Menu Corporate Filing Menu

Help

### **COVER LETTER**

Division of Corporations							
SUBJECT: TEMENO ENTERPRISES,	LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this	is matter to the						
Cheyenne Moseley		18 SEC IL M 8: 55					
Name of Person							
Legalzoom.com, Inc.		SCER E					
Firm/Company							
101 N. Brand Blvd., 10th Floor		TO STATE OF THE ST					
Address							
Glendale, CA 91203							
City/State and Zip Code		<del></del>					
TemenoLLC@gmail.com							
E-mail address: (to be used for future ann	nual report notifi	ication)					
For further information concerning this matter,	, please call:						
Cheyenne Moseley	800 a1 (	773-0888 ext 9724					
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	Reg Div P.C	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	<b>2</b> \$3	55 Filing Fee & Certified Copy					

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2018-12-14 06:55:00 PST

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:TEMENO EN	ITERP	RISES, LL	С		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tampa, FL, 33626	_				
	06/252018		L1800015	5548		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Terrence Diaz					
<i>v.</i> (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 12157 West Linebaugh Avenue, Suite 230			R .		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Tampa	33626		F. Com.		
(ե)	UNITED STATES CORPORATION AGENTS INC					
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad-	dress:			
	13302 WINDING OAK COURT, SUITE A					
	NEW Registered Office Address:		<del></del>			
	TAMPA , FL	33612				
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the legisless or organization or the legisless of organization or the legisless or organization organizat	the regis bility co f the lim	stered office supany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Husk		TERI	RENKE DIAZ		
Signa	ture of a member or authorized representative of a member		<del></del>	Printed or typed name of signee		
provisi the obl to appr	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided styrefled a change in the registered office address, I have ting of this change.  CHEYENNE MOSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC.	perform I for in C vereby co	mee of mŷ d Thapter 605, mfirm that H	uties, and I am familiar with and accept F.S. Or, if this document is being filed		
Yignayi	rof of Registered Agent					