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COVER LETTER

Division of Corporations					
SUBJECT: Toc4 LLC					
Name of Lin	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Parkick Thomas Rodkigy (Z-ROb Name of Person	ev15_				
Tac4 LLC Firm/Company					
527 Evergreen ST NE Address					
Folm Boy FL 32907 City/State and Zip Code					
Tochuse @ Geneil . Com E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
Potrick Rodriguez - Robolits at (343) 743 6347 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
№ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability corsubmits the following statement in order to change its registered office or registered agent, or both, in the Stational Control of the Stational Control of

7 1(7) ICR	·				
I. Na	me of the limited liability company: Toc4 LLC				_
2. (a)	527 Evergreen ST NE	(b) 527	Evergiee	n 5T	NE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· / — · · ·	Mailing address of lin (Note: MAYBE)		
	Polm Box, FL 32907	Palm	Boy, FL	32107	7
3.	07/06/2018 Date of filing/registration in Florida	<u> </u>	0 0 16 3 7 1 6 Document numb	oer -	
				,	
	Registered Agent and Registered Office shown on the records of the F 133c2 Winding O.O.K COUFT Registered Office Address MUST BE FLORIDA STREET ADD. A Tompo F. FL. 3 Patrick Thomas Rodriguez-Robert Enter name of NEW Registered Agent and/or NEW Registered Office Address: Palm Boy FL. 32907	RESS) 3 6 1 2		269 5月 9 12 12 34	
	, FL		_		
the cha agent v was/we	imited liability company is not organized under the laws or onge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited.	registered officity company, it is limited liability contends to the contends of the contends	te and the busines is hereby confirm ty company or as	s office of ed that the otherwis	of the reg he change se provide

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.

Printed or typed name of signee

- Va

Signature of a member or authorized representative of a member

Signature of Registered Agent