## 118000346193

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

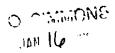
Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
TLS Group, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Ryan L Thompson	
Name of Person	
TLS Group, LLC	
Firm/Company	
1234 Old England Loop	
Address	
Sanford, FL 32771	
City/State and Zip Code	
tls.group@outlook.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Ryan L Thompson	321 417-0402
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 am	ount:
2 \$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.

N:	ame of the limited liability company: TLS Gro	up. LLC	<del></del> -	
(a)	1234 Old England Loop	(	b) 1234 Old Engla	and Loop
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dress of limited liability company: MAY BE POST OFFICE BOX)
	Sanford, FL 32771	<del></del>	Sanford, FL 32	771
	10/19/2018		L18000246192	
	Date of filing/registration in Florida	4.	Docume	ent number
(a)	Robert L. Thompson Sr.			
,	Registered Agent and Registered Office shown on the record	s of the Floric	la Dept. of State:	
	156 Palm Sparrow Court			9
	Registered Office Address (MUST BE FLORIDA STRE	CT INDEC	(C)	
	inguiered vince i manera i posterio del provincio del prov	<u>et addres</u>	<u>a)</u>	
	Daytona Beach	FL_3211		=
b)		3211		二 足 五
b)	Daytona Beach	FL_3211	9	三
b)	Daytona Beach Ryan L. Thompson	FL_3211	9	二 足 五
h)	Daytona Beach  Ryan L. Thompson  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	FL_3211	9	日曜

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ryan L. Thompson

gnature of a member or authorized representative of a member

Printed or typed name of signee

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

Signature of Registered Agent