118000248089

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COVER LETTER

Division of Corporations					
TYG Properties LLC SUBJECT:					
Name	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
David Mor					
Name of Person					
TYG Properties LLC					
Firm/Company					
11455 NW 122nd Street					
Address	 				
Medley, Florida 33178					
City/State and Zip Code					
david@ontimemoving.us	V				
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
David Mor	305 807-4031				
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. N	ame of the limited liability company: TYG Properti	ies LLC	_		
2. (a)	11455 NW 122nd Street	(b)	11455 N	NW 122nd Street	t
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Medley, Florida 33178		Medley,	Florida 33178	
	October 22, 2018	 !	1800024	48089	
3. 5. (a)	Date of filing/registration in Florida David Mor	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 1000 SE 8th Street B1	the Florida	Dept. of Stat	– e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	™ 52 1 9
	Hialeah . FL	33010		-	
(b)	David Mor				212 TH
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	ANII: 26
	3350 NE 192 ST # B-4K NEW Registered Office Address:			-	
	Aventura	33180		-	
the cha agent was/w	limited liability company is not organized under the larange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the fithe registability coron the limited li	tered office mpany, it i ted liabilit	e and the business of s hereby confirmed y company or as other	office of the registered that the change(s)
Signa	ature of a member or authorized representative of a member			Printed or typed name	of signce
provis the ob to mer	by accept the appointment as registered agent and agi 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 yriting of this change.	ree to act performa ed for in C hereby co	in this cap nce of my hapter 605 nfirm that	acity. I further agr. duties, and I am far 5, F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Signati	ure of Registered Agent				

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