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COVER LETTER

S28 Filing Fee	Enclosed is a check for the following amount:	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Name of Person	Stacey Williams	For further information concerning this matter, please call:	E-mail address: (to be used for future annual report notification)	City/State and Zip Code	Jacksonville, FL 32218	Addiess	27 Hunters Hollow Ct	Firm/Company	T&S 24 Group LLC	Name of Person	Stacey Williams	Please return all correspondence concerning this matter to the following:	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	Dear Sir or Madam:	†	SUBJECT: 1&S 24 Group LLC	TO: Registration Section Division of Corporations
☐ \$55 Filing Fee & Certified Copy	g amount:	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Area Code & Daytime Telephone Number	904 240-9465 at ()	please call:	ual report notification)									s matter to the following:	ice Change and fee(s) are submitted for filing.		Name of Limited Liability Company		

INHS18 (2/14)

FILED

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SECRETARY OF STATE TALL AHASSEE, FLORIE

5. (a) (μ		: (a) 2 - Xan
October 29th 2018 1.18	Date of filing/registration in Florida	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Name of the limited liability company: Tess 24 Goop LLC 2, (a) 27 Hunters Hollow Ct. Jacksonville, F 32218
1.18000254245	+	- ixim	
	Document number	Mailing address of limited hability company: (Nuce: MAY BE POST OFFICE BOS)	27 Hunters Hollow Ct. Jacksonville, FL 32218

Passiant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned finited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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

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 succe address of the registered office and the business office of the registered agent will be dentical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changets) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles `≥. biguion or the operating agreement of the limited hability company. miled by typed name of signer

3

Stacey Williams

rature 1

33612

13302 Winding Oak Court A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

United States Corporation Agents, Inc.

Enter 10 time of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address: 27 Hunters Hollow Ct

Jacksonville

, FL_322218

Signardre o or authorized representative of a member

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

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00