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O BRUCE FEB 11 2019

.•	,	COVER LETTER		
ТО:	Registration Section :			
SUBJ		CERVICES Limited Liability Company		
Dear S	Sir or Madam:			
The ci	iclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to the following:		
	·	C .		
	Louis McKenzie Name of Person			
	TCLB SERVICES			
	Firm/Company			
23	31 SW Valnera St.			
<i></i>	Address		20 TA::	
	Pt. St. Lucie, M 34 City/State and Zip Code	1953	2019 FEB -4 SLUGETAVE ALL AHASSE	9 0
	·			7
	+C/b Services @ aol. E-mail address: (to be used for future annual r	report notification)		
	rther information concerning this matter, plea		: 27	`
l	Louis McKenzie a	1(772) 267-0254		
<u>-</u>	Name of Person	Area Code & Daytime Telepho	one 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 Tallahassec, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Na	me of the limited liability company:	TCLB	Ser	evices U	<u>C</u>
	2331 SW VAlnega St	(b)	Ro. Bo	X 12931	
()	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mai	iling address of limited list Note: MAY BE POST O	
	Port Saint Lucie P1 349:	<u>53 </u>	F+. 6	Pierce, M	34979
	November 8, 2018 Date of filing/registration in Florida	<u> </u>	1800	0261985	
3.	_			ocument number	
5. (a)	United States Corporation	i Agents,	<u>Juc</u>		
	Registered Agent and Registered Office shown on the reco		cpt. of State;		
	Registered Office Address (MUST RE FLORIDA STR				
	Tamon	.fl 3 3	612	<u> </u> ≅8	20
	Cl. I AA II	<u></u>	<u> </u>		19 FE B
(b)	Enter name of NEW Registered Agent and/or NEW Registered	stand Office addr		# 50 60 %	OD
	Earlet flame of NEW Registered Agent and/or NEW Regis	stered Office addre	<u>:55</u> .	44 TE	= 775
	1100 N. 39th St.			T FLOAD	显示。
	NEW Registered Office Address:			70 11.	27
					
	Ft. Pierce	, fl. 349	47		
the cha agent w was/we	imited liability company is not organized under the result of the florida street addressed or changes are made, the Florida street addressed identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membels of organization or the operating agreement of	ess of the registe ted liability com bers of the limite	red office a pany, it is h ed liability c	nd the business office creby confirmed that company or as otherw	of the registered the change(s)
()	bre of a member or authorized representative of member	1	· ·	McKerreie rinted or typed name of si	Jr:
	thre of a member or authorized representative of member	d aurea to act in			_

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 writing of this change.

Signature of Registered Agent