Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000175090 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

: (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Addross.			
Emas I	Addroce:			

LLC REGISTERED AGENT CHANGE TURBOSALES LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

JUN 03 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

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:TURB	OSAL	LES LLC
2. (a)	2603 NW 13th St Ste 173	(b)	2603 NW 13th St Ste 173
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-',	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Gainsville, FL 32609		Gainsville, FL 32609
	01/29/2019		L19000029620
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	POŁK, RYAN L		
, ,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	11321 BLOOMINGTON DR		Z22
	TAMPA , FI.	33635	
(b)	Northwest Registered Agent L	.LC	2021 JUN -2 A
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	
	7901 4th St N		5: 48 LORID
	NEW Registered Office Address:	,	
	STE 300		
	St. Petersburg	33702	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability con of the limit	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
(Marsan Out.		an Noble / Authorized Representative
Signa	ature of a member of authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I have writing of this change.	performan d for in Cl hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
10	Tom Glover - Manage	er	

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

Signature of Registered Agent