L19000055663

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Docu	ment Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
		3			





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APPROVED AND FILED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2019

JON TERRITO PO BOX 14 OAKLAND, FL 34760

SUBJECT: TERRITOWN LLC Ref. Number: L19000055663

We have received your document for TERRITOWN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 919A00006510

COVER LETTER

TO: Registration Section Division of Corporations					
Territown LLC					
	e of Limite	d Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to	the following:			
Jon Territo					
Name of Person	· · · · · · · · · · · · · · · · · · ·				
Territown LLC					
Firm/Company					
PO Box 14			<u> </u>	201	
Address		·	14.0H	9 APE	A
Oakland, FL 34760				2019 APR 10 AM 11: 43	APPROVÉD AND FILED
City/State and Zip Code				AM	
jmterrito@gmail.com				<u></u>	<u>. </u>
E-mail address: (to be used for future ann	ual report r	notification)		ယ	
For further information concerning this matter,	please call	:			
Jon Territo	407 at (405-3449			
Name of Person		Area Code & Daytime Telephon	e Numbe	۲.	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:				
☐ \$25 Filing Fee	C	1 \$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

I. Na	ime of the limited liability company: Territown LLC	;		
2. (a)	342 N. Tubb St.	(b)	PO Box	14
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oakland, FL 34760	_	Oakland,	FL 34760
	February 26, 2019	 L	9000055	663
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Cheyanne Moseley			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:
	United States Corporation Agents, Inc.			. 20
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		1999 1990
	13302 Winding Oak Court, A			APPRO AN FILI 2019 APR 10 SECRETAS LALLAHASS
	Tampa .FL	33612		
	Jon Territo			AMII: 43
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	
	342 N. Tubb St.			· &
	NEW Registered Office Address:			
		0.4700		
	Oakland, FL	34760		
the cha agent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability cou of the limited li	ered office npany, it is ted liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.
-	ature of a member or authorized representative of a member		in elektronis en	Printed or typed name of signee
provis the ob to mer notifie	thy 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 ely reflect a change in the registered office address. It is in writing of this change.	performa d för in C	nce of my a hapter 605	luties, and I am familiar with and accept . F.S. Or, if this document is being filed

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