	Florida Department of State 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.			
	(((H20000069886 3)))			
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	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			
38	From: Account Name : LEGAL200M.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889 			
IMAR - 2 PM 2:	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:			
2020 HAR - 2	LLC REGISTERED AGENT CHANGE EIGHTY FORTY ONE LLC			
	Certificate of Status0Certified Copy1Page Count04			

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

EIGHTY FORTY ONE LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chevenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

erinreidda@live.com

E-mail address: (to be used for future annual report notification)

800\_at (\_\_\_\_\_

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

773-0888 ext 9724 Area Code & Daviime 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

## 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.

L Na	me of the limited liability company:	TY ONE LLC		
	4020 Park St. N Suite 201 A	(b) 4020 Park St. N Suite 201 A Mailing address of limited hability company: (Note: MAYBE POST OFFICE BOX)		
2. (3)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	St. Petersburg, FL 33709	St. Pet	ersburg, FL 33709	
	03/22/2019	L19000	080501	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	DELOACH, HOFSTRA & CAVONIS, P.A.			
(u)	Registered Agent and Registered Office shown on the records of 0 8640 Seminole Blvd. Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	Late:		
	SeminoleFL	33772	2020 HAR - 2	
	UNITED STATES CORPORATION AGENTS	20		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
	5575 S. Semoran Blvd., Suite 36			
	NEW Registered Office Address:			
the ch accent was/y the att	limited hapilety company is not organized under the lay ange or changes are made, the Florida street address of Gill be identical. Or, in the case of a Florida limited list ere authorized by an animative vote of the members of fields of organization or the operating/agreement of the ature of a member or authorized typesentative of a member	the registered on ability company. The limited liab limited liability of Erin Sharp	it is hereby confirmed that the change(s) ility company or as otherwise provided in company. De Printed or typed name of signee	
provis the off to mel nonjie	tions of all studies relative to the proper and complete ligations of my position, as registered agent as provide rely reflect a dialoge in the registered office address, I ed in writing of the change. CHEYENNE MOSELEY. ASSISTANT SECRETAR STATES CORFORATION AGENTS, INC.	performance of r d for in Chapter ( hereby confirm th .y. UNITED	605, F.S. Or, if this document is being file hat the limited liability company has been	
	Division of Corporations• P.O.	Box 6327 • Talla	hassee, FL 32314	

FILING FEE: \$25.00