## L19000083245

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APR 2.7 2019

I ALBRITTON

## **COVER LETTER**

то:	Registration Section Division of Corporations	·		
SUBJE		nited Liability Company		
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.		
Please r	return all correspondence concerning this matter	to the following:		
	Lynne-An Rose Name of Person			
Pose Wetworks Firm/Company				
	1968 Writney Ux	<del>Y</del>		
	City/State and Zip Code	<u>5</u>		
E-	mail address: (to be used for future annual ropo	ort notification)		
For furt	ther information concerning this matter, please c	rall:		
	Lyne An Rose at (	72), 804-7838 Area Code & Daytime 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:			
ſ	\$25 Filing Fee	☐ \$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.

1 117 K.W.	$\mathcal{L}$	d $+$ $+$ $+$
1. Name of the limited liability company:	TOSC UCTI	WOVKS LLC
2. (a) Up A T T Principal office address of limited lia (Note: MUST BE STREET A)  [ Q Q Q D T Q Q D T	, , ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Date of filing/registration in  5. (a) Cheep Most Registered Agent and Registered Office show	ley Wited Stetes	1900083245  Document number  Corporate Agorts  State:
Registered Office Address (MUST BE F.)	LORIDA STREET ADDRESS, EAS OLA COURT	<del></del>
(b) Lynd-Agent and/	ROSE  or NEW Registered Office address:	2019 (27 17 6110: 37
Clus,	. FL. 337(	<u>w</u>
If the limited liability company is not organi the change or changes are made, the Florida agent will be identical. Or, in the case of a lives/were authorized by an affirmative vote of the articles of organization or the operating a Signature of a member or authorized representative	street address of the registered of Florida limited liability company, of the members of the limited liab agreement of the limited liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
I hereby accept the appointment as register provisions of all statutes relative to the prop the obligations of my position as registered to merely reflect a change in the registered on of the inviting of this change.  Signantic of Registered Agen	ed agent and agree to act in this per and complete performance of agent as provided for in Chapter office address. I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
Division of Corpe	orations● P.O. Box 6327● Talla	ahassee, FL 32314

FILING FEE: \$25.00