L19000125589

(Requestor's Name)				
(Address)				
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SULKER
OCT 0 2 2019

September 6, 2019

TDCT USA, LLC 20725 NE 16TH AVE #A25 MIAMI, FL 33179

SUBJECT: TDCT USA, LLC Ref. Number: L19000125589

We have received your document for TDCT USA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Letter Number: 619A00018406

Yasemin Y Sulker Regulatory Specialist III

2019 SEP 26 FUZ: 19

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TOCT USA	1 UC	
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	-	
rease retain an correspondence concerning ans	matter to the following.	
SERGE PLATE		
Name of Person		
TOCT USA LLE		
Firm/Company	1	
20725 NE 16 th AVENUE		
Address		
AVENTURA, FLARIDA.	97119	
AVENTURA, FLORIDA C	<u> </u>	
E-mail address: (to be used for future annual		
	·	
For further information concerning this matter, p	lease call:	
FRANK ZEITONN	at (305) 281 89 94	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tallandoce, FRO Ida 52317	
Enclosed is a check for the following a	mount:	
🔊 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTE LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the 5 Florida.

1.	Na	me of the limited liability company: <i>TDCTUSA</i>	9 UC
2.	(a) _.	(Note: MUST BE STREET ADDRESS) # UNIT RLS	(b)
		AVENTURA, FL 33139	
7		O5/08) 2019 Date of filing/registration in Florida 4.	L 1900c 125589
3.			
5.	(a)	SERGC PLATT Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of State:
		20725 NE 16 th AVENUE	
		Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u></u>
		UNIT # A &5	
		AVENTURA MAMI .FL 3.	<i>3.139</i>
		FRANK ZEITOUN	<u> </u>
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:
		NEW Registered Office Address:	
		, FL	
the ag	e cha ent v is/wo	imited liability company is not organized under the laws of tange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the lices of organization or the operating agreement of the limite	gistered office and the business office of the reg company, it is hereby confirmed that the chang imited liability company or as otherwise provid-
	·	ture of a member or authorized representative of a member	SERGE PLATT
pr the to no	here ovisi e obl mere tifice	hy accept the appointment as registered agent and agree to a ions of all statutes relative to the proper and complete perfoi igations of my position as registered agent as provided for it left reflect a change in the registered office address. I hereby d'in writing ox this change.	Printed or typed name of signee act in this capacity. I further agree to comply wronger of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has been
Si	gnatu	Division of Corporations P.O. Box 63	377a Tallahucean El 37314