## 119000 148 145

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

Office Use Only



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Contract (1222)

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R. WHITE. FEB 2 6 2020

## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: TAM DJ LLC				
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:				
(h. 1)				
CAM PULCE				
Name of Person				
Firm/Company				
14484 SW 174 St				
Address				
0				
Hrani, Fl 33177				
City/State and Zip Code				
1949/ 1001@ 62022. con				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
One Paraz	786, 380 -1637			
Name of Person	Area Code & Daytime Telephone Number			
	Then does to Baytime Tolophone (Name).			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section			
Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	Tananassee, Florida 52514			
Enclosed is a check for the following amount:				
<b>№</b> \$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

I. Na	ime of the limited liability company:	2
2. (a)		Nation address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	L1900014 8145  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  14484 Sw 174 St  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	::
	Hian: ,FL 33177	2020 J · ·
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  14484 SW 174 Street	31 71 9:5
	NEW Registered Office Address:	
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the cauthorized by an affirmative vote of the members of the limited liability company cless of organization or the operating agreement of the limited liability company or authorized representative of a member	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address. I hereby confirm that it is writing of this change.	acity. I further garge to comply with the

Signature of Registered Agent