

L19 000162814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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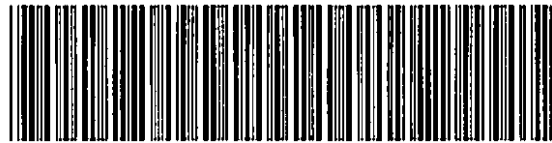
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THIRD CULTURE PRESS, 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:

DR. MONICA BREEDLOVE
Name of Person

THIRD CULTURE PRESS, LLC
Firm/Company

610 Clematis Street #224
Address

West Palm Beach, FL 33401
City/State and Zip Code

mblove.md@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. Monica Breedlove at (305) 761-7641
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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FILED

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. Name of the limited liability company: THIRD CULTURE PRESS, LLC
2. (a) 610 Clematis Street #224 (b) 610 Clematis Street #224
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

West Palm Beach, FL
33401

West Palm Beach, FL
33401

3. 06/20/2019 Date of filing/registration in Florida 4. L19000162814 Document number

5. (a) Registered Agent Solutions, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 office plaza, Ste A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee
FL 32301

- (b) Dr. Monica Breedlove

Enter name of NEW Registered Agent and/or NEW Registered Office address:

610 Clematis Street #224
NEW Registered Office Address:
West Palm Beach, FL
33401

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Monica Breedlove
Signature of a member or authorized representative of a member

Monica Breedlove
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Monica Breedlove
Signature of Registered Agent