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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TEAM HOST, LL Name of Limited L	
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:
GALADRIEL HOST Name of Person	_
TEAM HOST LLC Firm/Company	
1060 HIDDEN HARBOUR DE	2
NAPLES, FL 34109 City/State and Zip Code	
Jaladrel Mot @ yahoo. Com Ji-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
BUADZIEL HOST at 1 517 Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuen submits	nt to the provisions of sections 605.011 the following statement in order to char the sections of the province to the sections of the section of the s	4 or 605,0116, Florida Stat nge its registered office or r	utes, the undersigned egistered agent, or bo	limited liability company th, in the State of Florida.
1. Na	me of the limited liability company:	TEXMHOST	-, uc	icharo
2. (a) (Changed online 9/30/20)	1060 HIDDEN HA Principal office address of limited liability (Note: MUST BE STREET ADD NAPLES, FL 34	ABOURDE. (b) _/	~	N HAIZBOUZDIZ limited liability company: POST OFFICE BOX)
3.	9/24/2019 Date of tiling/registration in Flo	orida 4.	L 19000	240724 ber
5. (a)	Registered Agent and Registered Office shown of TOOL ATT ST. N. S. Registered Office Address (MUST RE FLO)	5 NC, in the records of the Florida Dept. TE 300 RIDA STREET ADDRESS)	of State:	
(b) <u>.</u>	ST, PETERS BURG GALADRIEL H Enter name of NEW Registered Agent and/or N	ri. <u>3370</u> 1	2	2020 OCT -5 PM 4: 35
	NAPLES	. fl. <u>3410</u> °	<u> </u>	
change agent w was/we the artic	mited liability company is not organized or changes are made, the Florida street a fill be identical. Or, in the case of a Florica authorized by an affirmative vote of the cless of organization or the operating agraga and the fill of a member or authorized representative of a second and the content of a member or authorized representative of a second and the content of a second and the conte	address of the registered off rida limited liability compan he members of the limited I gement of the limited liability	ice and the business of iv. it is hereby confirm iability company or as	ffice of the registered ned that the change(s) sotherwise provided in
provisie the obli to mere notified	ny accept the appointment as registered ons of all statutes relative to the proper of gations of my position as registered age by reflect a change in the registered office of the proper of the registered office of the proper o	ánd complete performance a	of my duties, and I am	familiar with and accept