. CAPITOL SERVICES



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	To:	
		Division of Corporations
		Fax Number : (850)617-6383
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2834	DG SING TAU	LLC REGISTERED AGENT CHANGE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursue submit Florid	ant to the provisions of sections 605.0 is the following statement in order t la.	o change its reg	istere	d office or	registered agent, or	ited liabi. both, in	lity com the Sta	pany ite of
l. Na	me of the Limited Liability Company:	T2 HOLDING	10 01	ANIBEL L	LU			
2. (a)	1149 PERIWINKLE WAY			(b) 1149 (PERIWINKLE WA	λΥ		
.,	Principal office address of limited lia (<u>Note: MUST BE STREET A</u>		_	(*)	Mailing address of limit (Note: MAY BE POS	ed liability		
	UNIT 1			UNIT	1			
	SANIBEL, FL 33957		_	SANIE	3EL, FL 33957			
-	11/19/2019		_	<u>L1900</u>	0287511			
3.	Date of filing/registration in	Florida	4.		Document number			
5. (a)	SPENSERV, INC.							
	Registered Agent and Registered Office show	vn on the records of t	he Flor	da Dept. of St	inte;			
	201 N. FRANKLIN ST.				<u></u>			
	Registered Office Address (MUST RE F.	<u>LORIDA STREET A</u>	DDRF.	<u>(2.2</u>				
	SUITE 2150					S	20	
	TAMPA	, FL	336	02		TAL	2024 FEB	
							EB	d Gritt
(b)	Capitol Corporate Services, Ir	· · · ·				÷	-6	
	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered</u>	Office	<u>idd ress</u> :		SS	-	, 2017) 1 1
						m. m.	AM 10: 05	f.am
	515 East Park Avenue 2nd Fl NEW Registered Office Address,					ייי דרד:	0.	7 21
	WEW Registered Office Address,						05	
					—			
	Tallahassee	, FL	323	01				
the cha agent v was/we the arti	imited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Florida determinative vote of a statistic of organization or the operating a R-IJ. Haven	street address of Florida limited lia of the members of agreement of the l	the reg bility f the li	gistered offi company, it mited liabil	ice and the business o t is hereby confirmed lity company or as oth ompany.	ffice of th that the c	ne regis hange(s	tered
Signa	ture of a member or authorized representative	of a member			Printed or typed name	of signee		
l herei provisi the obl to mere notifiet	by accept the appointment as register ions of all statutes relative to the prop ligations of my position as registered a ely reflect a change in the registered of d in writing of this change.				pacity. I further agre y duties, and I am Jam 05, F.S. Or, if this do at the limited liability ant Secretary on	e to com niliar with cument is company	ply with n and ac being j has bee	the scept filed n
Signatu	re of Registered Agent				orate Services, Ir	nc.		
	Division of Corpo		lox 63	27• Tallah				
HS18 (2/	(14)							

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