L19000 291031

(Re	questor's Name)	
(Ad	dress)	·
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(
(Cit	:y/State/Zip/Phone	e #)
—	—	—
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
·	•	·
	cument Number)	
(00	coment Nomber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	TGS Consulting LLC		
		Limited Liab	ility Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered Office C	Change and fee	e(s) are submitted for filing.
Please 1	return all correspondence concerning this ma	atter to the fol	lowing:
Tomas 5	Sjoestroem		
	Name of Person		
TGS Co	onsulting LLC		
	Firm/Company		
2601 Pc	ortside Drive		
	Address		
Fernand	lina Beach, Florida, 32034		
	City/State and Zip Code		
tomas.sj	jostrom@gmail.com		
E	-mail address: (to be used for future annual	report notifica	tion)
For fur	ther information concerning this matter, plea	se call:	
Tomas :	Sjoestroem	904 .t (441-9873
	Name of Person	·	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo	ount:	
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

INHS18 (2/14)

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.

a) į	2601 Portside Drive		(b	2601 Po	ortside Drive				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	any;	`	,	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fernandina Beach, Florida, 32034			Fernandi	ina Beach, F	lorida, 32	2034	- 	
	November 25, 2019			L1900029	0137				
(a)	Date of filing/registration in Florida Tomas Sjoestroem	4.	•		Docume	nt numb	er		
, - ,	Registered Agent and Registered Office shown on the recognitive of the Parameter of the Registered Office Address (MUST BE FLORIDA ST				tate:				
	Fernandina Beach	, FL	34		_	AL S	om m	2020 HAR	 -
b)	Tomas Sjoestroem						:	R 25	
	Enter name of NEW Registered Agent and/or NEW Registered Company of NEW Registered Company of NEW Registered Office Address:			dress:				AM II: 59	
	Fernandina Beach	, FL ³²⁰¹	34		_				
ige it w /we	imited liability company is not organized under or changes are made, the Florida street address vill be identical. Or, in the case of a Florida lime ere authorized by an affirmative vote of the mer cles of organization or the operating agreement	s of the reginited liability of the limit of the limit	stere y co : lim ted I	d office a mpany, it ited liabil	and the busi t is hereby o lity compan ompany.	iness off confirme	ice d th	of the	registered change(s)
nat	ture of a member or authorized representative of a membe		_	<u>-</u>	Printed or	typed nar	me o	f'signed	;
rel isi obl	by accept the appointment as registered agent a ons of all statutes relative to the proper and co- igations of my position as registered agent as p by reflect a change in the registered office addi	ind agree to mplete perfe rovided for	act orma in (in this ca ince of m Chapter 60	ipacity. I fu y duties, an 05, F.S. Or	irther ag d I am fi , if this i d liabili	ree ami doc:	to coi liar wi ument	nply with ith and ac is being fi