

L20 000052751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

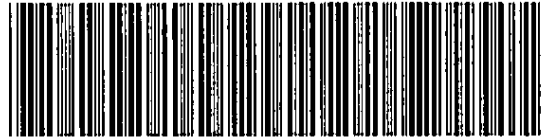
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2021 JUN 15 PM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC

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8/13/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2021

TANIQUE CUNNINGHAM
1042 W JASMINE LN
NORTH LAUDERDALE, FL 33068

SUBJECT: TTC CARE SERVICES LLC
Ref. Number: L20000052751

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00009180

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TTC Care Services *UC*

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:

Tanique Cunningham

Name of Person

TTC Care Services *UC*

Firm/Company

1042 W Jasmine LN

Address

North Lauderdale, FL 33068

City/State and Zip Code

ctanique@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanique Cunningham

954

803-3903

at (_____) _____

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

**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: TTC CARE SERVICES LLC

2. (a) 1042 W Jasmine LN, North Lauderdale, FL 33068
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 1042 W Jasmine LN, North Lauderdale, FL 33068
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 02/14/2020 Date of filing/registration in Florida
4. L20000052751 Document number

5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th Street N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 300
St Petersburg, FL 33702

(b) Tanique Cunningham
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**.

1042 W Jasmine LN
NEW Registered Office Address:
North Lauderdale, FL 33068

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Tanique Cunningham
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.

[Signature]
Signature of Registered Agent