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(Re	equestor's Name))
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	_
	Office Use On	lv



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03/26/21--01013--020 **55.00



COVER LETTER

TO: Registration Section Division of Corporations	÷					
SUBJECT: TL MUELLEA Name of Limited Lia	C L L C bility 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:						
Terrence A Mueller Name of Person	_					
TLMUELLER LLC Firm/Company	_					
39248 US HWY 19 N LO Address	T153					
Tarpon Springs, FL 3 City/State and Zip Code	34689					
<u>terrence</u> , <u>mueller@hotmail</u> , <u>com</u> E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Terrence Mueller at (815) Name of Person) 600-/452 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					

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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: TL MU	ELLE	R LLC				
2. (a)		(b)					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	iability company: M			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	39248 US HWY 19N LOT 153		48 US HWY				
	Tarpon Springs, FL 34689	Tar,	DON Spru	ngs, FL	3468°		
	<u>Lo-22-20</u> <u>20</u> Date of filing/registration in Florida 4.		20000/7	·	3		
£ ()	ABINEWE						
5. (a) Rej	gistered Agent and Registered Office shown on the records of the Flo	orida Dept. of S	itate:				
	Bonald Whileht						
Re	egistered Office Address (MUST BE FLORIDA STREET ADDR	ESS)					
	239 147th St. NE						
_	Bradenton .FL 3	<u>'42/2</u>		,			
(1.)							
(D)	ter name of NEW Registered Agent and/or NEW Registered Office	<u>e address</u> :		vii)	•		
_	Terrence A. Muelle	,	 :	P = -	g - L ramere ¹⁹ hans ²		
	EW Registered Office Address: 39248 US HWY 19N L	<u>07/5</u>	3				
	Tarpon Springs, FL 3						
change or agent will was/were the article	ted liability company is not organized under the laws of changes are made, the Florida street address of the regis be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the s of organization or the operating agreement of the limit	stered office y company, i limited liab ed liability c	and the business of t is hereby confirmality company or a ompany.	office of the r med that the c s otherwise p	egistered change(s) provided in		
_U	of a member or authorized representative of a member	12r1	Printed or typed i	11)UC	<u>11er</u>		
I hereby of provisions the obligation merely notified in	accept the appointment as registered agent and agree to s of all statutes relative to the proper and complete perfo ations of my position as registered agent as provided for reflect a change in the registered office address, I hereh writing of this change.	act in this cormance of n in Chapter (y confirm th	apacity, 1 juriner ny duties, and 1 am 505, F.S. Or, if thi at the limited liabi	ugree to com familiar wit s document i ility company	pry wan the h and accept s being filed has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00