1/17/25, 10:20 AM

Page: 1 of 3

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : 120150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE T & L SALES PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

From: Kimberly Rogers

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To: null .

## **COVER LETTER**

TO: Registration Section Division of Corporations	•				
SUBJECT: T & L SALES PROPERTIES, LLC					
Name of Li	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:					
Laura Sales					
Name of Person					
TVAIRE OF FEISON					
T & L SALES PROPERTIES, LLC					
Firm/Company	<del>-</del>				
6300 Sagewood Drive, #381					
Address					
Park City UT 84098					
City/State and Zip Code					
finance@laurasales.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please of	call:				
URS AGENTS C/O LAUREN JOHNSON 8	00 567 - 4397				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 8	Name of the limited liability company. T&L SAL	ES PROPER	RTIES, LLC		
2. (a	)	(b)			
`	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)		(b)		
	1176 GROVE STREET	E	510 N. JEFFERSON AVE	<b>-</b>	
	CLEARWATER, FL 33755		DLEARWATER, FL 3375	5	
	08/11/2020	L2	20000243877		
3.	Date of filing/registration in Florida	4.	Document number		
5 (a	1)				
	Registered Agent and Registered Office shown on the record CLARKE, ALICIA	s of the Florida De	ept, of State;		
	Registered Office Address (MUST BE FLORIDA STRESS 510 N. JEFFERSON AVE.	<u>ET ADDRESS)</u>			
	CLEARWATER	<sub>FI</sub> 33755			
4.				20	
(b)	Finer name of NEW Registered Agent and/or NEW Register	ered Office addres	<u> </u>	2025 JAN 17	***
			<u> </u>	<b>2</b>	- <del>1</del> 2
	URS AGENTS, LLC				근옷공
	NEW Registered Office Address	***************************************		=	GE OALP
	3458 LAKESHORE DRIVE			<b>酬 II:2</b> 4 18 \$3 \$3	Ċ
	TALLAHASSEE	FL 32312			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited erre authorized by an affirmative vote of the member index of organization by the operating agreement of the contents.	s of the register d liability comp rs of the limited	ed office and the business officery, it is hereby confirmed the Highlity company or as other	fice of the	e registered
47	dur Sales	Laura	Sales		
	sture of a member or authorized representative of a member		Printed or typed name of	-	
provis the ob. to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address. In writing of this change.	agree to act in ele performanc ided for in Cha . Thereby confi	this capacity. I further agree e of my duties, and I am fami pter 605, F.N. Or, if this doc rm that the limited liability c	to comp liar with ument is i ompany l	ly with the and accept being filed ias been
	LAUREN JOHNSON, ASST. SECRETARY INCOMPRESSION ASST. SECRETARY				