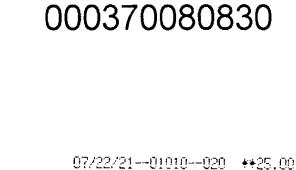
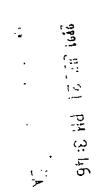
K20 000 321447

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





Office Use Only

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	TOOCRAFTS LLC						
		Name of Limited Liability Company					
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.				
Please re	turn all correspondence concerning	this matter to the fo	ollowing:				
TOLGA	K CAMADAN						
	Name of Person		_				
TOOCRA	AFTS LLC						
	Firm/Company		_				
540 BRIO	CKELL KEY DR. APT 708						
	Address		_				
MIAMI,	FL 33131						
	City/State and Zip Cod	e	_				
chinatolg	a@gmail.com						
E-1	nail address: (to be used for future	annual report notific	cation)				
For furth	er information concerning this mat	ter, please call:					
TOLGA	K CAMADAN	561 at (3327220				
	Name of Person	u. (Area Code & Daytime Telephone Number				
į	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Fallahassee, FL 32314		Tallahassee, FL 32303				
I	Enclosed is a check for the follow	ing amount:					
5	■ \$25 Filing Fee	5 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.

1. N	ame of the limited liability company: TOOCRAFTS LI	.C		
2 (a)		ĺ	(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	540 BRICKELL KEY DR. APT 708		540 BRICE	KELL KEY DR. APT 708
	MIAMI, FL 33131		MIAMI, F	1, 33131
	10/12/2020		L200003214	147
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				- \J
,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- -
	TOLGA K CAMADAN) -
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>
	17666 TIFFANY TRACE DR			P
	BOCA RATON	33487		<u>ب</u> ښ
	BOCA RATON , FI			- - [.
(L)				> 0'
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office 2	ddress:	-
	TOLGA K CAMADAN			
	NEW Registered Office Address:			-
	540 BRICKELL KEY DR, APT 708		 -	_
	MIAMI, FI	33131		_
change agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	registe ability of of the li limited	red office and company, it is mited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
Signs	nture of a member or authorized representative of a member	_		Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	nertors	nance of my a	acity. I further agree to comply with the Julies, and I am familiar with and accept