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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE TLASH CORP, LLC

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## 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.

rioriac	t.							
I. Na	ime of the limited liability company:	TLASH C	ORP,	LLC		<u>.                                    </u>		
2. (a)	30 GILMORE DR		(b) 30 GILMORE DR					
2. ()	Principal office address of limited li (Note: MUST BE STREET)				ailing address of ( <u>Note: MAY BE</u>		-	•
	GULF BREEZE, FL 32561 U	N	(	GULF B	REEZE, F	-L 32	561 L	JN
						<del></del>		
	12/17/20		L20000393767					
3.	Date of filing/registration i	n Florida	4.	I	Document nut	mber		
5. (a)	TERRI HANKINSON							
J. (u)	Registered Agent and Registered Office sho	own on the records of t	he Florida D	Pept. of State:				
	30 GILMORE DR		·					
	Registered Office Address (MUST BE )	<u>FLORIDA STREET A</u>	DDRESS)					
	GULF BREEZE	, FL	32561					
	Davistand Agenta		·				153 	
(b)			06514-				7.3	
	Enter name of NEW Registered Agent and	i/or NEW Registered	Omce agor	<u>'ess</u> :		•	) .4 	
	7901 4th St N						ພ	•
	NEW Registered Office Address:	, <del></del>					 	• ••
	STE 300						11: 4	
							-	
	St. Petersburg	, FL	33702					
the ch agent was/w	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a tere authorized by an affirmative vot ticles of organization or the operating	la street address of Florida limited lia of the members o	the regist ability cor of the limit limited lia	ered office npany, it is ted liability ability com	and the busir hereby confi company or	rmed th	ice of that the c	hange(s)
<u> </u>	ature of a member or authorized representative	o of a member	Riley	/ Park	Printed or types	I name of	signee	
, ,	I al a la companione	and agent and age	ree to act i	in this cand	ocity I furthe	r noree	to com	ply with the
provis the ob- to me	eby accept the appointment as registives of all statutes relative to the problem of all statutes relative to the problem of the problem as registered rely reflect a change in the registered of this change.  Bill Havr	oper ana comptete d agent as provide d office address, L	d for in Co hereby co	nce of my c hapter 605 nfirm that i	. F.S. Or. if ti	his doci	iment i	s being filed

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

Signature of Registered Agent