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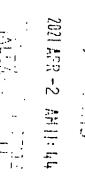
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O. BRUCE MAY 23 2021

COVER LETTER

Division of Corporations			
T-Chel Clothing SUBJECT:			
Name of L	imited Liability Company		
ear Sir or Madam:			
he enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for fil	ing.	
lease return all correspondence concerning this matt	er to the following:		
ean Gerard Eveillard			
Name of Person			
F-Chel Clothing			
Firm/Company			
3720 SW 61st Apt 4			
Address			
Davie, Florida, 33314		2021 AT R	
City/State and Zip Code			
abinev@yahoo.com			
E-mail address: (to be used for future annual re	port notification)	31*	
For further information concerning this matter, please	e call:		
ean Gerard Eveillard	954 9377906		
Name of Person	Area Code & Daytime T	elephone Number	
Mailing Address:	Street Address:		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallaha 2415 N. Monroe Stree	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

COVER LETTER

TO: Registration Section Division of Corporations					
T-Chel Clothing SUBJECT:					
	e of Limited I	Liability Company		_	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the	following:			
Jean Gerard Eveillard					
Name of Person					
T-Chel Clothing					
Firm/Company					
3720 SW 61st Apt 4					
Address				2921	
Davie, Florida, 33314				2921 AFR	
City/State and Zip Code				-2	: 16.9
cabinev@yahoo.com					
E-mail address: (to be used for future annu	ial report noti	fication)		AM III HA	-
For further information concerning this matter,	please call:			•	
Jean Gerard Eveillard	954 at (9377906)			
Name of Person	<u> </u>	Area Code & Daytime Teleph	one Num	iber	
Mailing Address:		Street Address:			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810		
Enclosed is a check for the following	amount:				
■ \$25 Filing Fee	□ s	55 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.

	mited liability company:			20 SW 61st Ave. An	at .1	
3720 SW 61st Ave, Apt 4			(b) 3720 SW 61st Ave. Apt 4			
Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)				-	ss of limited liability company: Y BE POST OFFICE BOX)	
				000085028		
February 19						
	ate of filing/registration in F	lorida	4.	Document	пишост	
i)	Eveillard SR					
	gent and Registered Office shown	on the records of	the Florida Dep	t, of State:		
3720 SW 6	1st Ave, Apt 4					
Registered O	Office Address (MUST BE FLO	<u>ORIDA STREET 2</u>	ADDRESS)			
			<u>-</u>	 	202	
Davie		. FL	33314		2921 APR	
		ri.	<u> </u>		그 무슨 것 같	
Jean Gerard	Eveillard				<i>√</i> 2 −	
	f NEW Registered Agent and/or	NEW Registered	Office address	<u>s</u> :	Tope select	
					F	
	tered Office Address:					
3720 SW 6	1st Ave Apt 4					
Davie		FI	33314			
		,	·	 _		
limited liabil	lity company is not organize are made, the Florida stree	ed under the lay	vs of the Stat	te of Florida, it is h	ereby confirmed that after	
ge of changes will be ident	tical. Or, in the case of a Flored by an arminarrye vote of	orida limited lia	ibility compa	any, it is hereby con	nfirmed that the change(s)	
rticles of orga	inization or the operating as	greement of the	limited liabi	lity company.		
1/1/18	Turke .		Jean Gei	rard Eveillard		
	her or authorized representative o			•	yped name of signee	
reby accept this ions of all siblications of all siblications of crely reflect a fed in writing	ne appointment as registered tatutes relative to the prope my position as registered as change in the registered of of this change.	d agent and agr r and complete gent as provide fice address, 1 i	ree to act in t performance d for in Chaj hereby confii	this capacity. I furt to of my duties, and oter 605, F.S. Or, y rm that the limited	ther agree to comply with I am familiar with and ac if this document is being f liability company has bee	