L7/000274948

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COVER LETTER

Division of Corporations			
The Simplex Group TD LLC SUBJECT:			
	Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	lhange and	d fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the	following:	
Tyler Dumont			
Name of Person	· · · · ·		
The Simplex Group TD LLC			FILL 8
Firm/Company			
8 Sorrento Drive			JUL 26 II
Address			SEE
Osprey FL 34229			ED MIII: 16 ASSEE, FL
City/State and Zip Code			
jen@ustourgolf.com			
E-mail address: (to be used for future annual re	eport noti	fication)	
For further information concerning this matter, please	se call:		
Tyler Dumont	941 t (9629968	
Name of Person	· \	Area Code & Daytime Telepho	one 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, Sui Tallahassee, FL 32303	te 810
Enclosed is a check for the following amo	ount:		
■ \$25 Filing Fee	<u> </u>	555 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.

I. Na	ame of the limited liability company:	oup TD I	LLC		
2. (a)	The Simplex Group TC LLC		(b) Th	e Simplex Group TL	CLLC
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	8 Sorrento Drive, Suite 7		8 S	orrento Drive, Suite	7
	Osprey FL 34229		Os	prey FL 34229	
	6/14/2021		L210	000274948	
3.	Date of filing/registration in Florida	4.		Document	number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of Tyler Dumont	f the Flor	ida Dep	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>		
	431 N Shore Drive				2023 SEO
	Osprey, FI	34229 L			FIL 26 SECRETAR
(b)					UL 26 ANI ETARY OF S LAHASSEE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address	 į	SEF
	Tyler Dumont				ARIII: 16 ASSEE, FL
	NEW Registered Office Address:				·
	8 Sorrento Drive, Suite 7				•
	Osprey , FI	L ³⁴²²⁹			
change agent v was/w the arti	imited liability company is not organized under the late 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 icles of organization or the operating agreement of the	e registe lability of the li limited	ered of compa imited	fice and the busine ny, it is hereby cor liability company ity company.	ess office of the registered in interest in the change(s)
Signa	ture of a member or authorized representative of a member	_		Printed or ty	ped name of signee
I here, provisi the obl to mero notine	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	ree to a perfor d for in hereby	ict in the mance i Chap confir	nis capacity. I furt, of my duties, and i ter 605, F.S. Or, i m that the limited l	her agree to comply with the I am familiar with and accept f this document is being filed iability company has been
Signatur	rc of Registered Agent				
SIEIIIII	ne or pegistered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314