

121000357323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

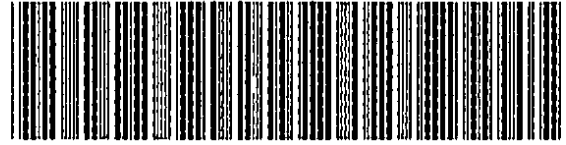
(Business Entity Name)

(Document Number)

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2021 NOV -5 AM 8:52
STC- 1011 01011
TALAMASSEE FL

C. BRUMBLE
NOV 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNT ABLE POWER LLC
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:

PAUL BURRELL
Name of Person

TNT RESEARCHES, INC
Firm/Company

2021-07-05 PM 8:03

8020 WILES ROAD
Address

COAL SPRINGS, FL 33067
City/State and Zip Code

TNT PAUL@BELL.SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL BURRELL at (954) 980-5000
Name of Person Area Code & Daytime Telephone 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, Suite 810
Tallahassee, FL 32303

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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TMT ABLE MOWER LLC
2. (a) 8020 WILES ROAD (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
8020 WILES ROAD PO Box 970354
Coral Springs, FL 33067 COCONUT CREEK, FL
8/9/2021 32100

3. Date of filing/registration in Florida 4. Document number

5. (a) PAUL BURRELL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8020 WILES ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Springs, FL 33067

- (b) TMT PAPERHES, INC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8020 WILES ROAD
NEW Registered Office Address:

Coral Springs, FL 33067

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] PAUL BURRELL
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
[Signature]
Signature of Registered Agent

FILED
2021 NOV -5 AM 8:52
STATE OF FLORIDA
TALLAHASSEE, FL