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(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:	7							
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COVER LETTER

Division of Corporations	
TMK Property Holdings, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Ken Wazyniak	
Name of Person	
TMK Property Holdings, LLC	
Firm/Company	
811 49th Street N.	
Address	
St. Petersburg, FL 33710	
City/State and Zip Code	
Ken.Wazyniak@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Ken Wazyniakat (813 732-1391
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 amou	nt:
■ \$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. Na	ime of the limited liability company: TMK Property H	loldings	i, LI	.C				
2. (a)	TMK Property Holdings, LLC		(b)	TMK Prop	perty Holdings.	LLC		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY		•	
	811 49th Street N.			811 49th S	Street N.			
	St. Petersburg, F1. 33710			St. Petersb	ourg, FL 33710			
	12/07/2021		1.	.210005176	606			
3.	Date of filing/registration in Florida	4.	-		Document ni	ımber		
5. (a)								
J. (47	Registered Agent and Registered Office shown on the records of BURG RESTORATION LLC	f the Flo	rida	Dept. of Stat	ee:			
	Registered Office Address (MUST BE FLORIDA STREET) 811 49th Street N.	`ADDRI	ESS)		_			
	St. Petersburg . Fl	33710 L)		-		e3	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				_	40 40 40 40 40 40 40 40 40 40 40 40 40 4	2022 HAR 114	•
	Veronica Matteson							. :
	NEW Registered Office Address:			_	_	,	 1	
	4832 9th Avenue N.				_			
	St. Petersburg, FI	33713 L	Ι.		_			
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light and in the case of a Florida limited light and address of organization or the operating agreement of the case of organization or the operating agreement of the case of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.	e regist lability of the l limite	erec con limit d lia	l office and appendix it is ed liability con for this cape	d the business shereby configured or	s office of irmed that as otherw	the regist the chang ise provide	ered ge(s) ded in