

L22 000 161 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

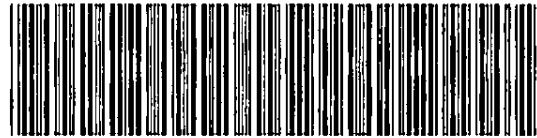
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 OCT 20 PM 12:30
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TFT TRUCK PARKING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA MEDRANO
Name of Person

TFT TRUCK PARKING LLC
Firm/Company

417 TALQUIN CT
Address

ORLANDO FL 32807
City/State and Zip Code

tfttruckparking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA MEDRANO 407 257-6990
Name of Person at () 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: TFT TRUCK PARKING LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

417 TALQUIN CT

ORLANDO, FL 32807

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

417 TALQUIN CT

ORLANDO, FL 32807

04/05/2022

1.22000161875

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BUSINESS FILINGS INCORPORATED

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.

ROSA MEDRANO

NEW Registered Office Address:

417 TALQUIN CT

ORLANDO, FL 32807

FILED
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TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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(s) 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.

Rosa Medrano
Signature of a member or authorized representative of a member

Rosa Medrano

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 accept 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.

Rosa Medrano
Signature of Registered Agent