## L22000370681

(R	equestor's Name)					
(A	ddress)					
(A·	ddress)					
(C	ity/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(B	usiness Entity Na	me)				
(D	ocument Number	)				
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
<u> </u>						





100414395471

08/28/23--01018--019 \*\*25.00

TALLANASSIS S



## COVER LETTER

	egistration Section vivision of Corporations						
SUBJEC	T: TM2B Ventures LLC						
	Name of	Name of Limited Liability Company					
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please ret	urn all correspondence concerning this ma	tter to the following:					
Matthew B	fown						
	Name of Person						
TM2B Ven	itures LLC						
	Firm/Company						
31867 Barr	rel Wave Way						
	Address						
Wesley Ch	napel, FL 33545						
	City/State and Zip Code						
_	@tm2bventures.com						
E-m	ail address: (to be used for future annual r	eport notification)					
For furthe	er information concerning this matter, plea	se call:					
Matthew Br	rown	(863 ) 2149921					
	Name of Person	Area Code & Daytime Telephone Number					
R D C 20	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
E	nclosed is a check for the following amo	ount:					
Ø	\$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:	LC					· · · · · · · · · · · · · · · · · · ·
2. (a)	7901 4th St N		(b)	7901 4th	n St N		
<i></i> (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY)		
	STE 300			STE 300			
	St. Petersburg , FL 33702	_		St. Peter	sburg , FL 33702		
	08/23/2022		L	2200037	0681		
3.	Date of filing/registration in Florida	4.	_		Document m	umber	· •
5. (a)	NORTHWEST REGISTERED AGENT LLC						
J. (U)	Registered Agent and Registered Office shown on the records of	the Flo	rida l	Dept. of S	tate:		
	7901 4TH ST N					- <u></u> -	~2
	Registered Office Address (MUST BE FLORIDA STREET	4DDRI	<u> </u>			<u>ک</u> ر.	023
	STE 300					۳. الله الله	2023 AUG
	ST. PETERSBURG . FI	33702	2		<del></del>	AHASSET	28
(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	Office	add	ress;		77 . 10 .	AM 10: 26
	NEW Registered Office Address:			-	<del></del>		
	STE 300						
	St. Petersburg	33702	2				
the cha agent v was/wo the arti Signa I herei proviss the obl to mero notifies	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures 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. If the proper is this change.	the reability of the limite M	egist cor limi ed lia latthe	ered off npany, i ced liabi ability come we Brown	ice and the busit is hereby confility company or ompany.  Printed or type apacity. I furth.	iness office frmed that in as otherwined name of sign	of the registere the change(s) se provided in nec
rvid Ye	David Roberts - Assistant S	ecretar	γ				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00