

L 220000417920

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST 3D 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:

BRENT SLAWNIKOWSKI

Name of Person

TREASURE COAST 3D LLC

Firm/Company

1753 NE LIMA CALLE

Address

JENSEN BEACH, FL 34957 US

City/State and Zip Code

brent.slawnikowski@treasurecoast3d.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENT SLAWNIKOWSKI 219 741-9057
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: TREASURE COAST 3D LLC

2. (a) 1753 NE LIMA CALLE (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**)

JENSEN BEACH, FL 34957

09/26/2022

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3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATE CORPORATION AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

JACKSONVILLE, FL 32202

(b) BRENT SLAWNIKOWSKI

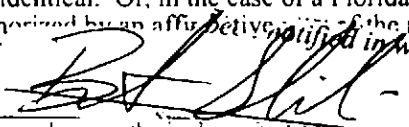
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1753 NE LIMA CALLE

NEW Registered Office Address:

JENSEN BEACH, FL 34957

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 action of the members of the limited liability company or as otherwise provided in the articles of

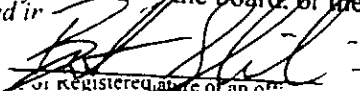


Brent Slawnikowski

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 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


Signature of registered agent or authorized representative