Florida Department of Star

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er the email address for this business entity to be used for future

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LLC REGISTERED AGENT CHANGE DONT FORGET THE NUTTSS LLC

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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	ame of the limited liability company:	tss LL	C					
2. (a)	5551 Auburn Rd apt 5616 C		(b)	5551 Au	Auburn Rd apt 5616 C			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)		Mailing address (Note: MAY		-	
	Jacksonville, FL 32207	-		Jacksonv	ille, FL 32207			
	12/23/2022 12:00:00 AM		1.	22000536	6313			
3.	Date of filing/registration in Florida	4.	_		Document n	umber		
5. (a)	LEGALINC CORPORATE SERVICES INC.							
	Registered Agent and Registered Office shown on the records of th	e Flori	da [Pept. of Sta	ite:			
	476 Riverside Ave.							
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	SSI					
	Jacksonville , FL	32202			_			
(0)	Corporate Creations Network Inc.				_	:	2024	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice a	ıddr	<u>ess</u> :		: ;	<u>بت</u> چچ	:-:
	801 US Highway 1						2021 JAN 12	Figure
	NEW Registered Office Address:				_			
							$\ddot{\sim}$	•
	North Palm Beach , FL 3	3408			_		3 <u>9</u>	
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re- vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egiste ility c the lit	red om mite	office an pany, it i ed liabilit	nd the business is hereby confi ty company or	s office of t irmed that t	he regi the cha	stered nge(s)
	Kristen Espinales	Kr	iste	n Espinale	es, Attorney-in-	Fact		
Signat	ure of a member or authorized representative of a member			······································	Printed or type	d name of sig	nec	
provisio the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address. I he I'm writing of this change.	e to ac erforn for in reby c	ct in nand Che conf	this cap ce of my apter 60; irm that	pacity. I furthe duties, and I a 5, F.S. Or. if t the limited lia	r agree to un familiar his docume bility comp	comply with a ont is be pany ha	with the nd accept eing filed is been
	Kristen Espinales Kristen Espinales, Special Secretary							

Signature of Registered Agent