L23000261497

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: TCA Jame Solutions UC 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:							
Uhich Dieguez. Name of Person							
TC4 Hone Solutions Firm/Company							
8442 Var / Arg Drive							
City/State and Zip Code							
Udiequez (a) Valor Cell E-mail add(css: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Unich Dieguez at 201 681 7689 Name of Person Area Code & Daytime Telephone Number							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy							
INHS18 (2/14)							

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: TCA Hou	e s	5/0/60	ک		
2. (a)	8442 Voulting Drive (b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Lake worth FC 33467					
	6/2/2022		$\frac{23\alpha}{}$	26/	497	
3.	Date of filing/registration in Florida 4.	n	Document n	umber		
5. (a)		Jen T	<i>L</i> 			
	Registered Agent and Registered Office shown on the records of the Florida I	Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_		-	
				202 SE		
	Jacksaville FL 32	220		023 AUG 25 BECRETAR TALLAHA	7)	
(b)	Ulnich Dieguez		_	£ 3 - 4	m	
	Enter name of NEW Registered Agent and/or NEW Registered Office adds			AH 7 OF S SEE.	D	
	8442 Vas /Ans Drive		_	7: 55 STATE E. FL		
	NEW Registered Office Address:					
			_			
	Lake Vorth .FL 33	46)	<u>.</u>			
If the l	limited liability company is not organized under the laws of the S	State of Flo	orida, it is he	reby confirmed	that after the	
agent v	e or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability con	npany, it i	s hereby con	firmed that the	change(s)	
was/w	ere authorized by an affirmative vote of the members of the limit icles of organization of the operating agreement of the limited lia	ability con	npany. 🥋 📉			
/	Mary ()/n(h DA	eque L		
			: 1 G		andrawich dra	
provisi the ob- to mer notifie	by accept the appointment as registered agent and agree to act to ions of all statutes relative to the proper and complete performating times of my position as registered agent as provided for in Clarelyct a change in the registered office address, I hereby confine of the change	nce of my hapter 603 yfirm that	duties, and I 5, F.S. Or, if the limited li	am familiar wi this document ability compan	h and accept is being filed v has been	
Hignatu	are of Registered Agent					

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



August 4, 2023

ULRICH DIEGUEZ 8442 VAULTING DRIVE LAKE WORTH, FL 33467

SUBJECT: TCAHOMESOLUTIONS LLC

Ref. Number: L23000261497

We have received your document for TCAHOMESOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATION,, but your entity is a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED OR BOTH FOR LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 923A00017627

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District CO and the DO DOV GOOT WILL BE STORED