L23000299794

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basiliose Link) Halliey						
(Document Number)						
Certified Copies Certificates of Status						
<u></u>						
Special Instructions to Filing Officer:						

Office Use Only



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06/12/24--01032--005 **25.00

COVER LETTER

	egistration Section vision of Corporations						
SUBJECT	TLCG Enterprises LLC						
Name of Limited Liability Company							
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.				
Please retu	ırn all correspondence concerning th	is matter to the	following:				
Sarah Hadl	ey-Granger						
	Name of Person						
TLCG Ente	erprises LLC						
	Firm/Company						
15267 75th	Way North						
	Address						
Palm Beacl	n Gardens, FL 33418						
	City/State and Zip Code						
sarah.hadle	ygranger@gmail.com						
E-ma	ail address: (to be used for future and	iual report noti	fication)				
For further	r information concerning this matter	please call:					
Sarah Hadl	ey-Granger	561 at (628-7296				
	Name of Person	\	Area Code & Daytime Telephone Number				
Re D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Eı	nclosed is a check for the following	amount:					
1	\$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. N	ame of the limited liability company: TLCG Enterprise	es LLC					
2. (a)			(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)			
	15267 75th Way North		15267 75th	Way North			
	Palm Beach Gardens, FL 33418		Palm Beach	n Gardens, FL 33418			
	06/21/2023		L230002997	94			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
υ. (u)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC	f the Flori	ida Dept. of State	: :			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.						
	JACKSONVILLE , FL 32202						
(b)	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Sarah Hadley-Granger						
	NEW Registered Office Address:						
	15267 75th Way North						
	Palm Beach Gardens F	33418 L					
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members fickes of organization or the operating agreement of the florida member of a member of a member	e registe iability of of the li e limited	ered office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
I here provis the ob to mer notifie	the of a member of authorized representative of a member and agent and agent and agent and agent on all statutes relative to the proper and complete ligations of my position as registered agent as provide all vertical actions of this change in the registered office address, I all writing of this change.	ree to a perform of for in hereby	ct in this capa mance of my a Chapter 605, confirm that t	city. I further agree to comply with the			

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