

(Requestor's Name)
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10/06/23--01012--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Tron Lag LLC Name of Limited Lie	ability 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 f	following:				
Vadim Bekoev Name of Person Iron Lag LLC Firm/Company					
5106 E 122nd AVE					
Temple Terrace, Fl 33617 City/State and Zip Code					
bekoi 1@ mail.ru E-mail address: (to be used for future annual report notifi	cation)				
For further information concerning this matter, please call:					
Vadim Bekoev at (813) Name of Person	863 - 3075 Area Code & Dayrime 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.

2.00.	~ 	1	11,	<u> </u>	-
1. Na	ime of the limited liability company: <u>Tron</u>	La.	a LL	<u> </u>	
2 (a)	5106 E 122nd Ave	(д ы 5106	, E 122nd Av	e
2. (4)	Principal office address of limited liability company:			Mailing address of limited liability	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFIC	
	Temple Terrace, Fl 336	5/7	1em	ple letrace, t	1 3361
				1	
					
	09/13/2023		L23	000426912	
3.	Date of filing/registration in Florida	4.		Document number	
5 (a)	Vadim Bekoev				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept, of Stat	<u>-</u> е:	
	5106 E 122nd Ave				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_	
	Temple Terrace				
		. 22	3617	_	
	, F	L <u> </u>	<u> </u>	 ~1	
(b)	Vadim Bekoer			.023 .SE TAL	
(5)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:		77
	TION I AVE			5	
	5106 E 122nd Ave			- : : : : : : : : : : : : : : : : : : :	371
	NEW Registered Office Address:				ارت سور المسيديا
	Temple Tetrace			- · · · · · · · · · · · · · · · · · · ·	1
	1	~ ~ ~	2/14	<i>i</i>	
	, F	L_ <u> </u>	3617	_	
If the I	imited liability company is not organized under the la	ws of th	e State of Flo	orida, it is hereby confirmed	that after the
agent	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited l	iability of	company, it is	s hereby confirmed that the c	change(s)
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the li	mited liabilit	y company or as otherwise p	rovided in
the art	icles of organization of the operating agreement of the				
Signa	nure of a member or authorized representative of a member		VADIT	BEKOEV Printed or typed name of signee	
1 here	by accept the appointment as registered agent and ag	gree to a	ct in this cap	acity. I further agree to com	ply with the
provis.	by accept the appointment as registered agent and us ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i	e perjorr ed for in	nance of my Chapter 605	auties, and i am jamitiar wit 5. F.S. Or, if this document i the limited linkility common	n ana accept s heing filed s has been
to mer notifie	ely reflect a change in the registered office address, I d in writing of this change.	nereov	сопунт так	те итиса навину сотрапу	nus veen

Signature of Registered Agent