

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only				



07/11/17--01667--607 **23.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636~5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 6, 2017

Order#: 711011-039

Re: TALK TOO ME, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

r toria	a.		
l. N	ame of the limited liability company: TALK TOO ME	LLC	
2. (a)	242 S. Washington Boulevard, Suite 125 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, FL 34236		
	05/09/2002	M02	2000001209
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LexisNexis Document Solutions Inc. Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:
	Registered Office Address	ADDRESS)	
	1201 Hays Street		
	Tallahassee F1	32301	
(b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	f Office address:	17 JUL 10
	1201 Hays Street		
	NEW Registered Office Address:		AM II: 49
	Tallahassee , FI	_ 32301	
the chagent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	i the registered lability compan of the limited li c limited liabilit	iability company or as otherwise provided in ty company.
Sign	ature of a member of authorized representative of a member		David Miller when 2 of Priva. Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and ageous of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I led in writing of this change.	ree to act in this e performance of ed for in Chapto hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	BY: !	Elizabeth A. Dawson Auf
eifnar			Habaccae El 32314