M09000004994

| (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



200434524222

08/03/24--01018--021 **25.00



08/08/24

COVER LETTER

| | istration Section Islon of Corporations | |
|-------------------|---|--|
| SUBJECT: | Mr T's Onnon Building LLC Name of Limited Li | ability Company |
| | Name of Limited Li | antity Company |
| Dear Sir or N | Madam: | |
| The enclosed | d Registered Agent/Registered Office Change and | fee(s) are submitted for filing. |
| Please return | all correspondence concerning this matter to the f | following: |
| Mar. | Name of Person T'S ONDON Building Firm/Company | - 9,44 |
| 129 | 40 EXPRESS COUR | I UN. 77 |
| F+. | MyERS, FL 339 VCity/State and Zip Code | 13 |
| MHE 1:-mail | TSE as ME. COM address: (to be used for future annual report notifi | ication) |
| For further is | information concerning this matter, please call: | |
| MARI | A HETSE at (94) Name of Person |) ZS& 287 Area Code & Daytime Telephone Number |
| Reg Div P.O | iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enc | closed is a check for the following amount: | |
| 12 /\$ | i25 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. Na | ime of the limited liability company: Mr T's Onnon B | uilding Ll | .c | | |
|--|---|--|---|--|--|
| 2. (a) | 1645 VILLAGE CENTER CIRCLE, STE #170 | (| 12940 Exp | press Court Unit B7 | |
| w. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limi (Note: MAY BE PC | ited liability company: OST OFFICE BOX) |
| | LAS VEGAS, NV 89134 | | Ft Myers, | FL 33913 | |
| | 12/21/2009 | | M0900000 | 1994 | |
| 3. | Date of filing/registration in Florida | 4. | • | Document number | r |
| 5. (a) | WEISMAN, BILL | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records o | f the Florid | a Dept. of State | - e: | |
| | 2385 EXECUTIVE CENTER DRIVE, STE #270 | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>S)</u> | - | |
| | | | | | |
| | Boca Raton | L_33431 | | - | |
| | , P | 1 | | _ | 7 |
| (b) | Light Path Law, P.A. | | | ٠ | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registere | d Office ac | ldress: | - | |
| | 2069 First Street, Suite 100 | | | | 3 |
| | NEW Registered Office Address: | | | _ | |
| | Negatica Office Address. | | | • | <u>ञ</u> । |
| | | | | - : | . Š |
| | Fort Myers, F | L_33901 | | _ | |
| change agent v was/we the arti- Signa I here provisithe oblito mere | imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cless of organization or the operating agreement of the last of a member or authorized representative of a member of all statutes relative to the proper and complete in the proper and complete in the registered agent as provided by reflect a change in the registered office address, I din writing of this change. | e registere iability ex of the lim e limited for in Control limited for in Control limited for in Control limited for in Control limited limit | ed office and ompany, it is nited liability com liability | d the business offices hereby confirmed by company or as of a pany. Printed or typed name acity. I further agritudes, and I am fair, F.S. Or, if this design in the confirmation of the c | ce of the registered that the change(s) therwise provided in the of signee to comply with the miliar with and accept ocument is being filed. |

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

Signature of Registered Agent