

M10000004694

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : US CORPWORKS INC.
Account Number : I20070000066
Phone : (303) 393-8800
Fax Number : (303) 393-8900

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 25 AM 8:43

RECEIVED
11 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
TNT EXPENSE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: TNT EXPENSE MANAGEMENT, LLC
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:

MICHAEL MIRRIONE

Name of Person

NRAI CORPORATE SERVICES

Firm/Company

1638 PENNSYLVANIA STREET

Address

DENVER, CO 80203

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MIRRIONE

Name of Person

at (303)

393.8800

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 608.416 or 608.508, 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. Name of the limited liability company: TNT EXPENSE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 12 TURNBERRY LN

☐ (Note: MUST BE STREET ADDRESS) SANDY HOOK CT 06482

(b) Mailing address of limited liability company: 12 TURNBERRY LN

☐ (Note: MAY BE POST OFFICE BOX) SANDY HOOK CT 06482

10/22/2010

3. Date of filing/registration in Florida

4. Document number

M10000004694

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

PARADISO, LAURA

Registered Office Address:

170 PEARL ST
FT MYERS BEACH FL 33931 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

2731 Executive Park Drive, Suite 4

(MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Michael Bodetti

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

by: Signature of Registered Agent MICHAEL MIRRIONE, ASST SECY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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