Plorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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		: (614)280-3338		
	Fax Number	: (954)208-0845		7"
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Corporate Filing Menu

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## **FAX COVER SHEET**

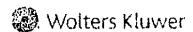
TO					
COMPANY					
FAX NUMBER	18506176383				
FROM	Kimberly Laughrey				
DATE	2019-01-18 15:40:53 CST				
RE	TDM Leasing LLC				

## COVER MESSAGE

Thank you,

Patrick Duffy Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338 GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Willreington, OF 19801, www.wolterskluwer.com

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## 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 Skite of Florida.

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)
	325 SUB WAY	325	SUB WAY
	MIL.FORD, CT 06461	MI	LFORD, CT 06461
	11/12/2010	MIC	000005001
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the record: CORPORATION SERVICE COMPANY	s of the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	<del></del>
	1201 HAYS STREET		
	TALLAHASSEE	32301-2525	m, m,
		rı,	
(b)			SSS 00
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	लंड, 🕱
	C T Corporation System		3 AM 9: 5
	NEW Registered Office Address:		
	1200 South Pine Island Road		<b></b> -
	Plantation	FL 33324	
ie chai gent w /es/we ie artic	mited liability company is not organized under the nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited to authorized by an affirmative vote of the member cless of organization or the operating agreement of the operating agreement o	of the registered I liability compar is of the limited I	i office and the business office of the registe by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
Signate	ure of a member or authorized representative of a member		Printed or typed name of signee
hereb rovisio	y accept the appointment as registered agent and ones of all statutes relative to the proper and complegations of my position as registered agent as provity reflect a change in the registered office address, in writing of this change.	agree to act in the	is capacity. I further agree to comply with to of my duties, and I am familiar with and acc

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