## M11000003645

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

Office Use Only



700309201707

02/22/18--01011--010 \*\*25.00



J. LEGGETT FEB 23 2018

## 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	me of the limited liability company: FLORIDA T	TS, LLC		<del></del>	
2.	(a)	11000 Frisco St.		(b)		
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FRISCO, TX 75033			FRISCO,	TX 75033
		07/19/2011			M110000	03645
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	CAPITOL CORPORATE SERVICES, INC.				
	( )	Registered Agent and Registered Office shown on the records	s of the Flo	rida I	Dept. of State	::
		515 EAST PARK AVENUE				
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRI	ESS)		- 
		TALLAHASSEE ,	FL323	301		FIB 22
	(b)	Corporation Service Company				
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	addı	<u>'ess</u> :	
						# D 02
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee ,	FL 323	01		
the age wa	char ent w s/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member less of organization or the operating agreement of	s of the red d liability rs of the l the limite	giste con limited lia	ered office npany, it is ed liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
_	Signati	are of a member or authorized representative of a member			irii, Addioi	Printed or typed name of signee
no	ijieu	y accept the appointment as registered agent and ons of all statutes relative to the proper and complegations of my position as registered agent as proving reflect a change in the registered office address in writing of this change.  Linca Linch Corporation Service Companer				
		Diri to a Di	n n /4			TT 00044

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