

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*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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## LLC REGISTERED AGENT CHANGE TJ HALE COMPANY LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TJ HALE COMP	PANY LLC
4-44-44-44-44-44-44-44-44-44-44-44-44-4	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Mary Castillo	
Name of Person	**************************************
Registered Agent Solutions, Inc.	
Firm/Company	4 <del></del>
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matter	er, please call:
Mary Castillo	888 705-7274
Name of Person	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	ng amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 15129570210

## 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	TIMALE	COM	IPANY LI	LC		
<ol> <li>Na</li> <li>(a)</li> </ol>	we of the limited liability company: 13 HALL WINDOWS N9499 HIGHWAY 145	·	PO BC			
4. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	*****		failing address of limited lia (Note: MAY BE POST OF	-	
	MENOMONEE FALLS, WI 53051		MENO	MONEE FALLS	5, WI 5	53052
	4/21/2014		M14000	0002742		
3.	Date of filing/registration in Florida	4.		Document number		
<i>5</i> ()	C T CORPORATION SYSTEM					
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROA		da Dept. of State	:	~2	<u></u>
	Registered Office Address (MUST BE FLORIDA STREET				1021 SEP 27	MOISE
	PLANTATION FI	333	24		27	
(b)	Registered Agent Solutions, Inc.				AH 10: 1	EO Of STATE DRPOSATION
( )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address.		<del></del>	量生
	155 Office Plaza Dr.				_	•
	NEW Registered Office Address:					
	Suite A					
	Tallahassee	323	01			
the cha agent v	imited 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 I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the l	gistered office company, it is imited liability	e and the business offic is hereby confirmed that y company or as otherw	e of the : the chai	registered ngc(s)
s/ G	ena Felder		ena Felder	Chief		cial Offic
Signa	ture of a member or authorized representative of a member			Printed or typed name of si	gnee	

757 Genaleuc	•
Simulation and a second	ser or authorized representative of a member

cer

Thereby 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 605, F.S. Or, if this document is being filed 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.

Signature of Registered Agent

Mackenzie Hart, Asst. Secretary