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Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

AUG 23 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

**Division of Corporations** TIC PARK CENTRE 18, LLC **SUBJECT:** 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: Sorensen Josie Name of Person InCorp Services, Inc. Firm/Company 2360 Corporate Circle · Suite 400 Address Henderson, NV 89074-7722 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (800) 246-2677 Josie Sorensen Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **✓** \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (5/08)

TO:

Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company:	TIC PARK CENTRE 18, LLC
2. (a) Principal office address of limited liability com	pany:
(Note: MUST BE STREET ADDRESS)	1503 Haliput Pt. Read Sitkar alaska 99835
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1503 Halibut Point Road Sitka, alaska 49835
05/15/2007	M0700002918
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	on the records of the Florida Dept. of State;
Registered Agent:	MIDGARD MGT.
Registered Office Address:	Mariner Park Center
	Florida Gardens, FL FC 5
	SE 2
(b) Enter name of NEW Registered Agent and/or	
NEW Registered Agent:	InCorp Services, Inc.
NEW Registered Office Address:	17888 67th Court North
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee FL33470
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote

or the operating agreement of the limited liability company.

signature of a member or authorized representative of a

Printed or typod name of signee

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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office didrets, Nigreby confirm that the limited liability company has been notified in writing of this change.

On behalf of inCorp Services, Inc.

on behalf of InCorp Services, Inc.

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