L10 0000 83079

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
637/19		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cherokee Bravo Tango, 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:				
Paul Schulten Name of Person				
1201 Kirkpatrick Circle				
Address				
Ormand Beach, FL 32174 City/State and Zip Code				
DISCHULTEN @ bellsouth. net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Paul Schulten at (386) 846 - 7934 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 amount:				
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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	ame of the limited liability company: Cherokee Bravo	Tango, LLC
2. (a)	Brian R Tourg (b) Nor	MAN B. SELTZER
()	Principal office address of limited liability company:	niling address of limited liability company:
		(Note: MAY BE POST OFFICE BOX)
	· 947 Beville Kd, Suite 14 776	KIVERSIDE Dr.
	South Daytona, FL 32119 Orm	and Bch, FL 3217
	——————————————————————————————————————	PF0 E8 0000C
3.	Date of filing/registration in Florida 4.	Ocument number
5. (a)	NOVMAN B. SELIZER	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	776 KWerside Dr.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
		黄
	Ormond Beach, FL 32176	JUN 2 1 27 4 4
(b)	* Paul Schulten	<u> </u>
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	1201 KINKPOTRICK Wiche	6
	NEW Registered Office Address:	
	Ormand Beach, FL 32174	
	,FL	
the cha agent w was/we the arti		and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. Printed or typed name of signee
provision the oblito mere notified	by accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that the din writing of this change. When the confirmition of Corporations P.O. Box 6327 Tallahasse FILING FEE: \$25.00	ities, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
HS18 (2/	PAUL SHULTEN	

INHS18 (2/14)