## L0300053999

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: High Tide Holding LLC (Name of Corporation)
DOCUMENT NUMBER: 1.0300053999
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
High Tide Heldings, LLC (Firm/Company)
Soy Deer Port Dr (Address)
Culf Brez, FL 5254 (City/State and Zip Code)
For further information concerning this matter, please call:
Linale Thomps at (880) 293-1434
(Name of Contact Person) at (#850) 293-1434 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, is statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	4	<del></del>
the Traille		
2. The principal office address: <u>SUM Deer Point W</u> <u>Gulf Breeze</u> , FL 32561		<del></del>
3. The mailing address (if different):		
4. Date of incorporation/qualification: 415-107 12/17 booument number: L030000	534	79
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Biz Filings		
8025 Excelsión Dr., Suite 200	96	01V
Madison, W1 \$ 53717	WUL 6	SECRE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	-2 A	TARY OF OF CORP
Linda Thompson	AM IO: O	STAT ORAT
(P.O. Box NOT acceptable)	90	SHOT
Fulf Breeze FL 32561		
The street address of its registered office and the street address of the business office of its registe as changed will be identical.	red age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	30	
(Signature of a officer or director)		_
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 pe of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confir corporation has been notified in writing of this change.	rforma Or, if t m that t	nce his the
(Signature of Registered Agent) 5 18 106 (Date)		<b></b>
If signing on behalf of an entity:		
Linda Thompson, Presidet Hightide Heldis, LLC (Typed or Printed Name)		
* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314