

L05000045262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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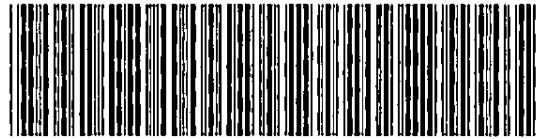
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL

D. BRUCE  
MAY 20 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

CONTACT TOURS 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:

ANNE MEEHL

\_\_\_\_\_  
Name of Person

CONTACT TOURS LLC

\_\_\_\_\_  
Firm/Company

8551 W SUNRISE BLVD SUITE 105

\_\_\_\_\_  
Address

PLANTATION, FL 33322

\_\_\_\_\_  
City/State and Zip Code

anne@contact-usa.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Meehl

954

815-1208

\_\_\_\_\_  
at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**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.*

CONTACT TOURS LLC

1. Name of the limited liability company: 8551 W SUNRISE BLVD - SUITE 105

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
PLANTATION, FL 33322

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

05/06/2005

1.05000045262

3. Date of filing/registration in Florida 4. Document number  
BARTHE & LEIGH, LLP

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2455 E. SUNRISE BLVD - SUITE 602  
FT LAUDERDALE 33304  
, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

17 SE 24TH AVENUE

NEW Registered Office Address:

POMPANO BEACH 33062  
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ANNE MEEHL

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 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 to 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

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

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2021 MAR 25 PM 4:15  
CLERK OF COURT  
TALLAHASSEE, FL