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EXAMINER

COVER LETTER

Division of Corporations					
	BJECT: Tiki Investment Properties, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Christopher S. Stone					
(Name of Person)					
Tiki Investment Properties, LLC (Firm/Company)					
420 West Capitol Avenue (Address)					
Springfield, Illinois 62704 (City/State and Zip Code)					
For further information concerning this matte	er, please call:				
Christopher S. Stone (Name of Person)	at (217) 220-0755 (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 followin	g amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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 608.508, 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.

I. Name of	the limited liability company: Tiki Investm	nent Properties, LLC	
2. (a) Princ (<u>No</u>	cipal office address of limited liability company te: MUST BE STREET ADDRESS)	y: 420 West Capitol Avenue, Suite 1 Springfield, Illinois 62704	
	ing address of limited liability company: te: MAY BE POST OFFICE BOX)	420 West Capitol Avenue. Suite 1 Springfield, Illinois 62704	
01/11/2006		<u>L06000003619</u>	
3. Date of f	iling/registration in Florida	4. Document number	
	istered Agent and Registered Office shown on stered Agent:	the records of the Florida Dept. of State: Edward Hale, W. Esq.	
		Edward Florid, 44. Edd.	
Regi	stered Office Address:	7800 University Point Drive Fort Myers, Florida 33907	
NEV	V Registered Agent: V Registered Office Address:	George Stone 1995 Creekdale Lane	
If the limited hat after the office of the nereby conficiently committed liability com	registered agent will be identical. Or, in the cirmed that the change(s) was/were authorized by pany or as otherwise provided in the articles of lity company. HALLSTOPHER S STORMAN OF A MARK STORMAN OF SIGNER	ey an affirmative vote of the members of the limited forganization or the operating agreement of the	
I hereby accomply with im familiar F.S. Or, if the confirm that	cept the appointment as registered agent and a the provisions of all statutes relative to the prowith and accept the obligations of my position his document is being filed to merely reflect a the limited liability company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
Signature of Re	egistered Agent)	Zone Zone	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)