L07000113096

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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T. HAMPTON

FEB 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tut pat/pal	, 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 m	natter to the following:		
Deon H. Bloomennader as Trus	stee		
(Name of Person)			
(Firm/Company)			
33690 215 th street			
(Address)			
Highmore, SD 57345			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Deon H. Bloomenrader at (605 852-2486		
(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		

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.

in the state of Pioriaa.	. / / .
1. Name of the limited liability company: Tutf	pat/pal, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Navarre, FL 32566
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 5725 Navarre, FL 32566
11/07/2007	L Ø 7000113096 ·
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Smith, G. Thomas
Registered Office Address:	510 E Zaragoza St Pensacola, FL 32502
	Pensacola, FL 32502
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address: Deon H. Bloomenrader
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2079 Hawthorn Drive
MEGI DE LEGIZITET MEGI MEGICA	Navarra ,FL 32566
If the limited liability company is not organized under the l that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business
(Signature of a member or authorized representative of a member)	<u>-</u>
Dean H. Bloomenrader	
(Printed or typed name of signee)	- · ·
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to iper and complete performance of my duties, and I as registered agent as provided for in Chapter 08 hange in the registered office address, I hereby so in writing of this change.
	<u> </u>

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