## 110000043384

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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J. HARRIS

## COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations							
SUBJECT: TIKI BARS Unlimited, 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:							
Trent Smith Name of Person	<del></del>						
TIKI BARS Unlinited, "Firm/Company	uc"						
741 JASA Street Address	<del></del>						
MALABAR, FL 32 City/State and Zip Code	950						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Trent Smith  Name of Person  at	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 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	me of the limited liability company: TIKIR	DAR	s Un	linited	L,"LLC"
2. (a)		(b			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (6		-	of limited liability company:  BE POST OFFICE BOX)
	741 JASA Street		741	JASA	Street
	Malabae, FL 32950	<del></del>	Mal	labar.	FL 32950
	04/22/2010		L100	00 043	384
3.	Date of filing/registration in Florida	4.		Document n	<del> </del>
5. (a)	KARIN LONG				
J. (4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	e:	
				_	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2)	-1	70 2
	2401 SW Carriage Place	ı		_	SECRETAR SECRETAR
	Pain City, FL	34	990		6 28 17.5
	,15_			-	Constitute of the Constitute o
(b)	Trent Smith			_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	dress:		
	NEW Registered Office Address:	. ,	<del> </del>	_	
	741 JASA Street				
				-	
	Malabar ,FL	329	<b>350</b>		
the cha agent w was/we the artic	mited liability company is not organized under the law- nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab- are authorized by an affirmative vote of the members of coles of organization or the operating agreement of the li-	the regist bility contains the lim	stered offic ompany, it i sited liabilit	e and the busis is hereby conf by company or	iness office of the registered firmed that the change(s)
	ure of a member or authorized representative of a member		TREN	T SMI	TH ed name of signee
provision the oblination mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act perform for in C ereby co	in this cap ance of my Chapter 60: onfirm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been

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

Signature of Registered Agent