## L11000016777

(1	Requestor's Name)		
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PICK-UP	☐ WAIT ☐ MAIL		
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(1	Business Entity Name)		
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	Document Number)		
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FILED 112 JUL -9 PH 3: 25 SECRETARY OF STATE

J. BRYAN
JUL 1 0 2012
EXAMINER

## **COVER LETTER**

·	
TO: Registration Section	
Division of Corporations	
SUBJECT: Tikiz of BPa/M Beach ( Name of Limited Liability Company	(ount), LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter to the following:	. P
Brian Tolletson  Name of Person	SECRETASS NO THE PARTY OF THE P
Tikiz of Palm Beach Camty, Ll	PH 3: 25
7050 Wast Palmetto Park Rd	Suite 15-570
Boca Raton, FL 33433  City/State and Zip Code	
Brian DTikiz QU. can  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brian Tollosson at (407) 383- Name of Person Area Code & Daytime	387) Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Center Circle Tallahassee, Florida 32301  MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301	ons
Enclosed is a check for the following amount:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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. liability company submits the following statement in ora agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered Palm Beath Gunh, LLC
1. Name of the limited liability company:	n 101/21500
2. (a) Principal office address of limited liability compar	y: 7050 west Palmeto Para
(Note: MUST BE STREET ADDRESS)	Si, le 15-570 Bora Raton, FL 33433
(b) Mailing address of limited liability company:	Same
(Note: MAY BE POST OFFICE BOX)	
2/9///	L1/000016777
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Smallbiz Agents, LLC
Registered Office Address:	75 N. Woodward Ave # 19000 Tallahosser, FL 323/3 45
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	EW Registered Office address:  Brion Tolle Son  7050 W Palme Ho Park Rd  Shile 15-5-50  Boca Raton FL 33433
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am I a	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Signature of Registered Agent	