

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Tilted Teacup Tearoom and B 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:
Aimee Kerr Name of Person
The Tilted Teacyp Tearoom Firm/Company
1035. Saxon Aue.
Brooksville, Fl 34601
City/State and Zip Code
into Othetiltedteacy tearoom, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aimee Kerr at (813) 317-9575  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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FILIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the Stat Florida.
1. Name of the limited liability company: The Tilted Teacy Tegroom and Bx
2. (a) 1035, Saxon Ave.  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Brooks ville, Fl. 34601  Brooks ville, Fl. 34601
06/25/2012 612000083108
3. Date of filling/registration in Florida 4. Document number
8. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
103 S. Saxon Aue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Brooksville FL 34601
(b) Aimee Kerr
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4-10 E. Liberty Street  NEW Registered Office Address:
10° € 55 € 55 € 55 € 55 € 55 € 55 € 55 €
Brocksville 54601
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 register 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.
limee kour Himee Kerr
Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 fit 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