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| (Requ | uestor's Name) | |
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| (Addr | ess) | |
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| (Address) | | |
| | | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | Certificate | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: TANK BRED AGUATICS |
| 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: |
| |
| JAIMIN PATEL |
| Name of Person |
| |
| TANK BRED AQUATICS |
| Firm/Company |
| |
| 130 SOUTH GERONIMO STREET UNIT ONE |
| Address |
| |
| MIRAMAR BEACH FL 32550 |
| City/State and Zip Code |
| Chyritate and Zip Code |
| TANKBRED AQUATICO @ GMAIL. COM |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| 24 |
| JAIMIN PATEL at (770) 712 0000 |
| Name of Person Area Code & Daytime Telephone Number |
| CTDEET/COURTE ADDRESS |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section |
| Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 |
| rananasee, monda 52501 |
| 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.

| 1. Name of the limited liability company: TANK | BRED AQUATICS LLC |
|--|--|
| 2. (a) Principal office address of limited liability company:_ (Note: MUST BE STREET ADDRESS) | 130 SOUTH GEROWIMO STREET |
| | MIRAMAR BEACH FL 32550 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | SAME AS ABOVE |
| 6/25/12 | L120000 8 33 80 |
| 3. Date of filing/registration in Florida 4. | Document number |
| 5. (a) Registered Agent and Registered Office shown on the | • |
| Registered Agent: | BUSINESS FILINGS IN CORPORATED |
| Registered Office Address: | 515 E. PARK AUE |
| - | TALLAMASSES FL 32303 |
| - | Er 35303 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW</u> Registered Agent: | JAIMIN PATEL |
| NEW Registered Office Address: | 130 SOUTH GERONIMO STREET |
| (MUST BE FLORIDA STREET ADDRESS) | UNIT CHE |
| _ | MIRAMAR BEACH ,FL 32530 |
| If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identically liability company, it is hereby confirmed that the change(s) we the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | rida street address of the registered office |
| Signature of a member or authorized representative of a member | |
| JAIMIN PATSL | |
| Printed or typed name of signee | 6 8 |
| I hereby accept the appointment as registered agent and agr comply with the provisions of all statules relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address. I hereby confirm that the limited liability company h | ee to act in this capacity. I further agree to er and complete performance of my duties, ijon as registered agent as provided for in |

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

INHS18 (05/08)

Signature of Registered Agent