L15000001972

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	// 10/9/	1/5		

Office Use Only



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12/04/24--01021--006 *155.00



COVER LETTER

TO: Registration Section Division of Corporations		
Forgotten Coast Fly Company SUBJECT:		
	Name of Limited I.	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the	following:
Kevin E Burdette		
Name of Person		_
Forgotten Coast Fly Company		
Firm/Company		_ _
825 E Pine Ave		
Address		
St George Island/Florida 32328		
City/State and Zip Co	ode	
forgottencoastflycompany@gmail.com		
E-mail address: (to be used for future	annual report notif	ication)
For further information concerning this ma	itter, please cali:	
Kevin Burdette	850 at (933-8112
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:	
□ \$25 Filing Fee	ø/s	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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. N	nme of the limited liability company:	Ty Company LLC	
2. (a)	825 E Pine Ave	(b) 825 E Pin	e Ave
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St George Island Florida 32328	St George	Island Florida 32328
	01/05/2015	L15000001	972
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kevin E Burdette		Fig. 2
J. (4)	Registered Agent and Registered Office shown on the records of 825 E Pine Ave	the Florida Dept, of Sta	2021-02C-1
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS_I</u>	
	St George Island . FI	32328	- <u>5.5</u> 66
(L)	Danielle Davidson		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
	194 11th Street		
	NEW Registered Office Address:		
	Apalachicola . FI	32320	
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office an ability company, it is of the limited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or pathorized representative of a member	- Com E Darden	Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. By the change are of Registered Agent	ee to act in this cap performance of my d for in Chapter 602 hereby confirm that	acity. I further agree to comply with the