

L1S00001602S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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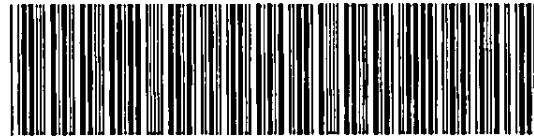
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 02 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tropical Beach Wedding, Florida LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Belinda Shindle  
Name of Person

-----  
Firm Company

172 Skane Rd  
Address

Mary Esther, FL 32567  
City State and Zip Code

Belinda@tropicalbeachwedding.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda Shindle at 850 476-2623  
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

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. Name of the limited liability company: Tropical Beach Wedding-Florida LLC
2. (a) 160 Meigs Dr. (b) SAME

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Shalimar FL 32579

3. 1/27/2015 4. L15000016025
- Date of filing/registration in Florida Document number

5. (a) Angela Michalek
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

160 Meigs Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Shalimar

FL 32579

- (b) Belinda Shindle
- Enter name of NEW Registered Agent and/or NEW Registered Office address:

72 Stowe Road

NEW Registered Office Address:

Mary Esther FL 32569

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 registered 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.

[Signature]

Signature of a member or authorized representative of a member

Angela Michalek

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 filed 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]

Signature of Registered Agent

FILED  
17 JUL 28 PM 1:00  
TALLAHASSEE, FLORIDA