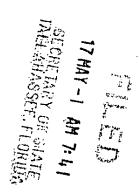
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EVERTIDE LLC  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:
ARVA JHAVERI Name of Person
EVERTILE LLC Firm/Company
16503 MILLAN DE AVILA Address
TAMPA FL 336/3 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ARVA JHAVERI at (813) 5975240  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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

## 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: EYERTIDE LLC	
2. (a) 3100 GULF BLVD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 16503 MILLAN & AVI  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	<u>L</u> A
# 414 TAMPA FL 33613	
BELLEAIR BEACH FL 33786	<u> </u>
TUNE 16, 2015  Date of filing/registration in Florida  4. Document number	<del>-</del>
$C = -\Delta U$	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
17937 BAHAMA ISLE DR	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
TAMPA ,FL 33647	,
(b) ARVA JHAVERI	•
(b)	
16503 MILLAN DE AVILA	
NEW Registered Office Address:	
TAMPA ,FL 33613	
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 registere agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	ed
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 of a member Signature of a member 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 th provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been	ie ept ed

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

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Signature of Registered Agent