## 16000100029

(Requestor's Name)						
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<u></u>						
PICK-UP WAIT MAIL						
(Duciness Falika Nama)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates 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		
SUBJI	C&T Entrepreneuts, LLC		
		ne of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to tl	ne following:
Tom	McKinsey		
	Name of Person		
C&T	Corp		
	Firm/Company	<del></del>	· <del></del>
1421	2 31st Ave NE		
	Address		<del></del>
Mary	sville, WA 98271		
	City/State and Zip Code		<del></del>
atma	cxx@gmail.com		
E	-mail address: (to be used for future and	nual report no	tification)
For fur	ther information concerning this matter.	, please call:	_
Tom I	McKinsey	425 at (	3288690
	Name of Person	a. (	Area Code & Daytime Telephone Number
	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 32301	ŕ	Γallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	<b>☑</b> \$25 Filing Fee	۵	\$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

l Na	me of the limited liability company: C&T Entrepre	eneurs, L	LC
2. (a)	6061 Silver King Blvd, #601	(b)	
·· ( <del>u</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cape Coral, FL 33914		
	5/20/2016	 L	_16000100029
<b>3</b> .	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent Solutions, Inc.		
, (u)	Registered Agent and Registered Office shown on the records of	the Florida (	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  155 Office Plaza Drive: Suite A	ADDRESS)	
	Tallahassee	32301	m m
(b)	Registered Agents, Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	ress:
	7901 4th St N, Ste 300		
	NEW Registered Office Address:		
	St Petersburg, FL	33702	
he cha igent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist ability con of the limit	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Thomas Mator	Tom	McKinsey
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agi ions 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 d in writing of this change.	ree to act i performa ed for in Ci hereby coi	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

Signature of Registered Agent

Pay to:

Corporate Filings LLC 30 N Gould St STE 7001 Sheridan, WY 82801 Service Provided By: www.floridaregisteredagent.net Florida Registered Agent LLC 7901 4th St N

5TE 300

St. Petersburg, FL 33702 agent@flondaregisteredagent net

850-807-4500

Bill to:

C&T Entrepreneurs, LLC Tom McKinsey 14212 31st Ave NE Marysville, WA 98271 Invoice:

2DE33CFB

Date:

Aug 04, 2019

Description	Quantity	Amount
Registered Agent Service in Florida 08/04/2019-08/03/2020	1	\$49 00
	Grand Total	\$49.00

Due Upon Receipt

Paid

08/04/19 with 13164