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COVER LETTER

Registration Section

TO:

, Divi	sion of Corporations					
SUBJECT:	Tiger Web & Tech, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	ollowing:			
Tammy Na	antz					
••	Name of Person		-			
Tiger Web	& Tech, LLC					
	Firm/Company		-			
113 Pinea	pple Dr					
	Address		_			
Winter Ha	ven, FL 33884					
	City/State and Zip Code		_			
nantzter@	live.com					
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further in	nformation concerning this matter,	please call:				
Tammy Na	antz	321	442-2332			
	Name of Person	at (Area Code & Daytime Telephone Number			
STR	REET/COURIER ADDRESS:	MAI	ILING ADDRESS:			
			stration Section			
	sion of Corporations		Division of Corporations			
	ton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
2 \$2	25 Filing Fee	□ \$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. Na	ame of the limited liability company: Tiger Web &	Tech,	LLC			
2. (a)	113 Pineapple Dr		(b) 113 Pineapple Dr			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Winter Haven, FL 33884		Win	ter Haven, FL 33884		
	6/13/16		L160	00113469		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Tammy Nantz					
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET 113 Pineapple Dr			······································		
	Winter Haven , FI	3388	4	- 17 B T		
(b)	Tammy Nantz			53 - 7		
(*)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	FILED BEC-4 PHI2: 35		
	NEW Registered Office Address:					
	113 Pineapple Dr	-				
	Winter Haven , FI	_3388	4	·		
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the l	gistered compani imited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	and a second	<u>T</u>	ammy I			
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag 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 de perfoi ed for i hereby	act in thi mance on Chapte confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept of 5, F.S. Or, if this document is being filed a that the limited liability company has been		
SIRIBIL	ine of Registered Agent			,		