

L17 000004296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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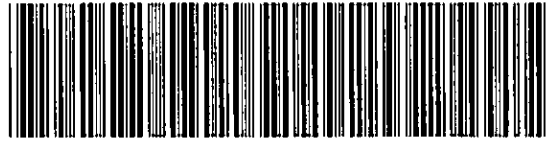
(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_  
Name of Corporation

High Tide Productions LLC

DOCUMENT NUMBER: \_\_\_\_\_

L17000004296

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

DANIEL J. BEARD

Firm/Company

High Tide Prod. LLC

Address

2033 VELA NORTE Cir

City/State and Zip Code

ATLANTIC BEACH FL 32233

E-mail address: (to be used for future annual report notification)

BEARD.DAN@AOL.COM

For further information concerning this matter, please call:

Name of Contact Person

DANIEL BEARD

at

Area Code & Daytime Telephone Number

(608) 698-7665

Enclosed is a ~~\$35.00~~ check made payable to the Department of State.

LHC 25.00

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL (32233) in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HIGH TIDE PRODUCTIONS LLC  
2. The principal office address: 12033 VERA NORTE CIR  
ATLANTIC BEACH FL 32233  
3. The mailing address (if different): - SAME -  
4. Date of incorporation/qualification: 1-5-2017 Document number: L1700004296  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

- RESIGNED - TERMINATED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DANIEL J. BEARD  
2033 VERA NORTE CIR  
ATLANTIC BEACH FL 32233  
(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Daniel J. Beard  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

5.28.20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\* LLC 25\$

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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