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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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17 APR -6 AH 7: 01 SECRETARY OF SIME MLEANASSEE, FLOND,

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Tikicruz LLC SUBJECT:

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:

Greg Wheble

Name of Person

Tikicruz LLC

Firm/Company

340 Sunset Drive 709

Address

Fort Lauderdale

City/State and Zip Code

tikicruzmia@gmail.com

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

For further information concerning this matter, please call:

Greg Wheble	954 at (401-2808					
Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	M	AILING ADDRESS:					
Registration Section	R	egistration Section					
Division of Corporations	D	ivision of Corporations					
Clifton Building	Р.	O. Box 6327					
2661 Executive Center Circle	Ta	allahassee, Florida 32314					
Tallahassee, Florida 32301							
Enclosed is a check for the following	Enclosed is a check for the following amount:						
\$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

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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.

. Na	me of the limited liability company:				
. (a)	340 Sunset Drive 709		(b)	Sunset Drive 70)9
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) Fort Lauderdale FL 33301			Mailing address of	limited liability company: <u>EPOST OFFICE BOX</u> 33301
	1-25-2017			00020182	<u></u>
	Date of filing/registration in Florida	4 .		Document nur	mber
(a)	Registered Agent and Registered Office shown on the records of Heike Drewniok Registered Office Address (MUST BE FLORIDA STREET	the Flori	•	State:	
	340 Sunset Drive 709		241		
	Fort Lauderdale	3330	1	APR CHET	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Greg Wheble <u>NEW</u> Registered Office Address:	Office a	address:		-6 AT 7.01 ANY OF STATE ASSEELFLOWIDA
	1314 East Las Olas 130				
	Fort Lauderdale	3330	1		
e cha ent v as/wc e arti Signat herel ovisi e obl mere	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the appointment as registered agent and age on of all statutes relative to the proper and complete igations of my position as registered agent as provide effort a change in the registered office address, I in writing of this change.	f the reg ability of the li limited 	gistered of company, mitcd liat liability	Tice and the busin it is hereby confir pility company or a company. Read Vecue Printed or typed canacity I further	ess office of the register med that the change(s) as otherwise provided in <u>by LOK</u> name of signee r agree to comply with the
-	re of Registree Agent				
	Division of Corporations• P.O.	Box 63	27• Talla	hassee, FL 32314	ļ

FILING FEE: \$25.00