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| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Na | me) |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|------------------|--|---|
| Copper Twine LLC | | | |
| | ne of Limited L | liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the | e following: | |
| Eric Hicks | | | |
| Name of Person | | | |
| Copper Twine LLC | | | |
| Firm/Company | | <u> </u> | -1 22 |
| 12394 Tattersall Park Ln. | | | 2016 SEP 24 AN II: 36 BELLAHASSEE ELORIO |
| Address | | | 구 2년 원건을 |
| Tampa, FL 33625 | | | |
| City/State and Zip Code | | | = = = = = = = = = = = = = = = = = = = |
| VintageCork1964@gmail.com | | | |
| E-mail address: (to be used for future and | nual report noti | fication) | |
| For further information concerning this matter | , please call: | | |
| Eric Hicks | 813 | 5083738 | |
| Name of Person | \ | Area Code & Daytime Teleph | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Re D P. | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | |
| Enclosed is a check for the following | g amount: | | |
| ☑ \$25 Filing Fee | □ \$ | 555 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 | me of the limited liability company: Copper Twine | LLC | | | | | | |
|--|--|---|-------------------------------|-------------------------------------|--|--|---|---------------------------|--|
| 2. (a | | | | | | | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | lailing address of lin | | | |
| | | 12394 Tattersall Park Ln. Tampa, FL 33625 | | - | 12394 Ta | attersall Park L | _n. Tampa | a, FL | 3362 |
| | | 04/17/2017 | | L | .1700008 | 4554 | | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | ı | Document numb | er | | |
| 5. (| (a) | | | | | | | | |
| . , | , | Registered Agent and Registered Office shown on the records of t | he Floric | da E | Dept. of State: | | | | |
| | | Lauren Hunsaker | | | | | | 2 | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | ADDRES | <u>SS)</u> | | | 200 E00 | 2010 | |
| | | 5906 N Otis Ave | | | | | | SEP | COMMON! |
| | | Tampa | 33604 | 4 | | | 253) 253 | 24 | Service of the Servic |
| | | , 1112 | | | | | Æy−K mig | | |
| (| b) | | _ | | | | | | - |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | <u>ıddr</u> | <u>'ess</u> : | | 77 S | မာ | , - |
| | | Erick Hicks | | | | | 2 | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | 12394 Tattersall Park Ln. | | | | | | | |
| | | Tampa FL, | 33625 | 5 | · | | | | |
| the cager was, the test of the | tha it we wifti Quant gnat relisional | imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member on a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it writing of this change. | the regability of the linited | giste con mit I lia L (| ered office ipany, it is ed liability ability company. AUYUM This capa | and the business hereby confirme company or as company. Hunsale Printed or typed narecity. I further as | office of the detail the content of | he reg hange rovide | istered (s) d in |

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

Signature of Registered Agent