## 117000090657

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



200298969642

**200298969642** 05/17/17--01014--007 \*\*25.00

MAY 1 8 2017 S. YOUNG SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: TUTTLE BAY BAR  Name of Limited Liability Company	
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:	
LEONARD WILLIAM LOSAPIO  Name of Person	
Name of Person	
Firm/Company	
Firm/Company	<b>4</b>
131 EDEN AVE	SECR
Address	夏製
SATELLITE BEACH, FL 32937 City/State and Zip Code	- SSE
City/State and Zip Code	7 ST
E-mail address: (to be used for future annual report notification)	MAY 17 PM 3: 40
For further information concerning this matter, please call:	
Bill Losapio at (321) 698.8057	
Name of Person 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 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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.

A No. Caba Paris de Palabilita de la companya de la	TURTLE .	BAY	BAR	LLC.	
Name of the limited liability company:	32931	ر 	,	•	
2. (a) Z9 N ORLANDO AVE	O COA BEACH FL	(b) <u>790</u>		T RUAD STA	, , , , , , , , , , , , , , , , , , ,
Principal office address of limited liability (Note: MUST BE STREET ADDR.)	company: خراحة × ESS)		_	ss of limited liability Y <i>BE POST OFFIC</i>	
COCOA BEACH, FL		<			
COCOA BEACH, FL	30731		UITE		
	<del></del>	_(A)	DE (AX	MUCRAL F	C 32920
. / . /				,	-
4/24/2617		<u> </u>	70000	29065	7
3. Date of filing/registration in Flor	rida 4.		Document	number	
5. (a) TOBIN EDWARD J	JIZ		_		
5. (a) TOBIN EDWARD TRegistered Agent and Registered Office shown on	the records of the Flori	ida Dept. of Sta	te:		.₹v
790 MULLET ROAD					1
Registered Office Address (MUST BE FLORI	DA STREET ADDRES	SS)			<b>三</b>
SUITE A35					T MAY 17 PM 3:51
CAPE CANAVEROL	n. 2	2120	<b>-</b>		70
ADE (ANAVERSC	, FL <u>5                                  </u>	<del>5</del> / <del>4</del> 0	<del></del>		3 (a)
(b) LEONARD WILLAM	105001	C)			3: 51
Enter name of NEW Registered Agent and/or NE			<b>-</b> .		
700					
790 MULLET ROA	<u>D</u>		<b></b>		
NEW Registered Office Address:					
Suite A35			<del></del>		
$\cap$		•		,	
( Ape ( ANAVEROL	, FL <u>-3</u>	2920	_		
{ If the limited liability company is not organized to	under the laws of th	ne State of Fl	orida it is h	ereby confirmed	I that after
the change or changes are made, the Florida stree	et address of the reg	gistered offic	e and the bu	siness office of	the registered
agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the	e members of the H	ımned Habili	ty company i	or as otherwise	provided in
the articles of organization or the operating agree	ment of the limited	d liability cor	npany.		
- Machine		EDWARD	J7	ped name of signee	<del></del>
Signature of a member of authorized representative of a n			•	•	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a the obligations of my position as registered agen to merely reflect a change in the registered office	ent and agree to a id complete perfor	nci in inis cap mance of my	duties, and	ner agree 10 coi I am familiar wi Ethic downwrt	ith and accept
the obligations of my position as registered agen to merely reflect a change in the registered office	i as proviaea jor in : address, I hereby	confirm that	the limited	liability compan	is being filed ly has been
notified in writing of this change.					
Signature of Registered Agent					
Division of Corporati	ones PA Roy 63'	27a Tallaha	5500 FL 32	314	
Division of Corporati	FILING FEE: \$2		3500, PL J2.	V17	