L17000 202 046

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(Address)				
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(Document Number)				
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COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: The Tukie Cattle Con	mpany LLC Limited Liability Company
	, and the same of
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Edward M. Farmer, CPA	
Name of Person	
Duncan & Farmer, CPA	
Firm/Company	
1004 - 29th Avenue N., Suite A	A
Address	
Myrtle Beach, SC 29577	
City/State and Zip Code	
ed@grandstrandcpas.com E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Edward M. Farmer at	(843) 448-2019
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	unt: \$70.00 Credit on Account
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



December 6, 2019

EDWARD M. FARMER, CPA 1004 29TH AVENUE NORTH SUITE A MYRTLE BEACH, SC 29577

SUBJECT: THE TUKIE CATTLE COMPANY, LLC

Ref. Number: L17000202046

We have received your document and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00024794

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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.

l. Na	me of the limited liability company: The Tukie	Cat	tle Company LLC
	411 - 47th Avenue North		b) C/O Edward M. Farmer, CPA
±. (a)	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)
	Myrtle Beach, SC 29577		1004 - 29th Avenue N., Suite A
		_	Myrtle Beach, SC 29577
	9/29/2017		L17000202046
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	John D. Cassels, Jr.		•
0, (4,	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept. of State:
	400 NW 2nd Street		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>
			20
	Okeechobee	2.40	72 JAN
	Okeechobee, FL_	349	
	Robert Clayton		၂ <u>.</u> ယ
(b)	Robert Claxton Enter name of NEW Registered Agent and/or NEW Registered (Office ad	
	2931 NE 52nd Drive		8; 37
	NEW Registered Office Address:		
	Okeechobee ,FL	349	72
thange agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registero pility co the lim	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
E	m Z hun.		Edward L. Williams, Mgr.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mere totified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	e to act perform for in C ereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatu	re of Registered Agent		
	Division of Corporations P.O. B	ox 632	.7● Tallahassee, FL 32314

FILING FEE: \$25.00