

48000024398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

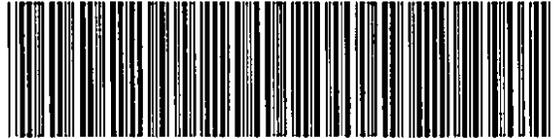
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD CITY TOURS OF ST. AUGUSTINE
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:

OLGA MITCHELL
Name of Person

ELIOT MCLEAN LLC
Firm/Company

10200 BELLE RIVE BLVD. # 4608
Address

JACKSONVILLE FL 32256
City/State and Zip Code

TOURSOOLD CITY @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MCLEAN MITCHELL at (207) 504-7936
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: OLD CITY TOURS OF ST. AUGUSTINE

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

10200 BELLE RIVE BLVD #4608 10200 BELLE RIVE BLVD #4608
JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

3. 01/26/2018 4. L180000024398
 Date of filing/registration in Florida Document number

5. (a) JAMES P. TULL
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

601 SOUTH PONCE DELEON #1
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. AUGUSTINE
 _____, FL ~~32084~~ 32084

(b) FLEET MCLEAN LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

10200 BELLE RIVE BLVD #4608
NEW Registered Office Address:

JACKSONVILLE, FL 32256

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James P. Tull
 Signature of a member or authorized representative of a member

JAMES TULL
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

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 TALLAHASSEE, FLORIDA