## L18000063405

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TideLands 154 Name of Limited	FS_LLC I Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Victoria Xu Name of Person		
Tidelands 1545		
85 RIVENTIEN BEA	d South 1545	
Palm Coast, FL 32 City/State and Zip Code	2137	
SHOUFANG M@ gmail.  E-mail address: (to be used for future annual report no	. com	
For further information concerning this matter, please call:		
Victoria Xu at 38	36) 864 - 2598 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 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.

I. Na	me of the limited liability company: Tidelands 1545, LLC
2. (a)	05 10 10 10 10 10 10 10 10 10 10 10 10 10
	palm coast, FL 32137 Palm coast, FL 321
	03/12/2018 L18000063405
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Victoria Xu
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	9 Chippeway Ct. palm coast. FL32137
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	, FL
	27
(b)	Victoria Xu
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	85 Riverview Bend South, 1545 5
	NEW Registered Office Address:
	Palm wast, FL 32137
	, FL
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member  Printed or typed name of signee
	•
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	of Registered August
SIMILATO	incot Registered Agent