

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·			
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10/12/21--01031--001 **25.00

COVER LETTER

Division of Corporations	
Tinari Enterprises LLC SUBJECT:	
Name of L	Limited Liability Company
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	ter to the following:
Robert P Tinari	
Name of Person	
Tinari Enterprises LLC	
Firm/Company	
1323 Zeek Ridge Street	
Address	
Clermont, Fl. 34715	
City/State and Zip Code	
tinarienterprises@gmail.com	
E-mail address: (to be used for future annual rej	port notification)
For further information concerning this matter, please	e call:
Robert P Tinari	914 646-2142
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	int:
■ \$25 Filing Fee	☐ \$55 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. 2	Same of the limited liability company: Tinari Enterprises	LLC			
2. (a	1323 Zoul Ridge Street		(b) 1323 Zeek Ridge Street		
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>-</u>	<u> </u>	dailing address of limit (Note: MAY BE POS	
	Clermont, FL 34715	 .	Clermont, F	-1_ 34715 	
	March 22, 2018		1.180000741	86	
3. 5. (a	Date of filing/registration in Florida Robert P Tinari	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 2847 Catalina Street	the Flo	rida Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDR.	ESS)	•	2021 SE
	Clermont , FI	34711	117	-	TILLE I
(Ն	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	· address:		TILED 2021 OCT 12 MM 1: 09 SECURIORISTA DE SANTONIO
	1323 Zeek Ridge Street	<u>.</u>		-	09
	NEW Registered Office Address:		* * * * · ·		
	Clermont , FI	3471:	; 		
chang agent was/v the ar	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regis ability of the limite	tered office and company, it is limited liability	I the business office hereby confirmed a company or as other pany.	e of the registered that the change(s) herwise provided in
-	nature of a member or authorized representative of a member	_		Printed or typed name	
provi the or to me	weby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, 1 led in writing of this change.	ree to perfo d for i hereby	act in this capa rmance of my a n Chapter 605, confirm that t	icity. I further agre luties, and I am fam F.S. Or, if this do he limited liability (e to comply with the alliar with and accept cument is being filed company has been
Signa	tore of Registered Agent				