

L18 000 103 462

(M)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

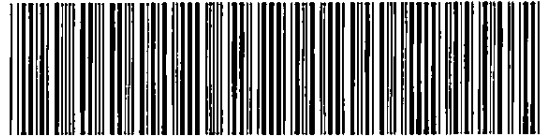
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cruisin Tiki Builders, LLC

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:

Janie Armstrong

Name of Person

## Cruisin Tikis

Firm/Company

635 NW 4th Avenue

Address

Ft Lauderdale, FL 33311

City/State and Zip Code

Janie@CruisinTikis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janie Armstrong

954 213-9740  
at ( )

Name of Person

Area Code &amp; 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.*

1. Name of the limited liability company: Cruisin Tiki Builders, LLC

2. (a) Cruisin Tikis (b) Cruisin Tikis

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

635 NW 4th Avenue

Ft Lauderdale, FL 33311

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

635 NW 4th Avenue

Ft Lauderdale, FL 33311

04/24/2018

L18000103462

3. Date of filing/registration in Florida

4. Document number

5. (a) Janie Armstrong

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Cruisin Tikis

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

635 NW 4th Avenue

Ft Lauderdale

FL 33311

(b) Tripp Scott Attn William C Davell

Enter name of NEW Registered Agent and/or NEW Registered Office address:

110 SE Sixth St

NEW Registered Office Address:

Suite 1500

Fort Lauderdale

FL 33301

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.

Janie Armstrong

Signature of a member or authorized representative of a member

Janie Armstrong

Printed or typed name of signee

*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.*

William C Davell

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
2024 FEB 21 PM 6:01  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS