## 118000 242734

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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November 7, 2018

RITA FODELL 1150 SW 21ST ST BICA RARON, FL 33486

SUBJECT: TIDAL RESOURCES LLC

Ref. Number: L18000242734

We have received your document for TIDAL RESOURCES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Letter Number: 618A00023023

Octavia L Simmons Regulatory Specialist III

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Tidal Resources Lie Name	of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Greg Fodell, Jr. Name of Person	<u> </u>					
Tick Resources, UC Firm/Company						
1150 SU 21sr Street Address						
Roca Restar, FL 33486  City/State and Zip Code	<del></del>					
Finail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p						
Grey Fodell Name of Person	at (954 ) 995-2369  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	S55 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.

	ame of the limited liability company: Tick   Re	:300/16	ے بر	<u> </u>	
2. (a)	1150 SU 215T Street	(b)	1150	SU Zlir Smet	
2. ()	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited 1 (Note: MAY BE POST O	iability company:
	Born Rutin, FL 33486	_	Boxa Ruton, FL 33480		
			<del></del>	<del></del>	
	10 15 18	_	L18000242734		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST REFLORIDA STREET)				
					Co ~~,
	Suite A.			_	<del>77.</del>
	Tampa FL	771-	17		707 T
	Limpia	2 390			29
(b)	Enter name of NEW Registered Agent and/or NEW Registered				= ;
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	<del>-</del>	ë ₹ ;
				ъ.	<del>1</del> 0
	1150 SW 21st Street	·		<del></del>	CD
	NEW Registered Office Address:				
	Bern Ruton FL 33486				
				. <del>_</del>	
	, FL				
				<del></del>	
the chagent was/w the ar	limited liability company is not organized under the laving or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co of the lim limited l	tered off mpany, i ited liabi ability c	ice and the business offi t is hereby confirmed th lity company or as other	at the change(s) rwise provided in
	nature of a member or authorized representative of a member	a to dat	in this or	anacity I further agree	to comply with the
provi. the ol to me	eby accept the appointment as registered agent and agisions 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, I add in writing of this change.	ree to act performed d for in C hereby co	in inis co ince of m Chapter 6 onfirm the	apacity. I juriner agree by duties, and I am Jamii 105, F.S. Or, if this doci at the limited liability co	tiar with and acceptiment is being filed ompany has been

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

Signature of Registered Agent