

L1900033962

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT CHANGE TIDE TAMER FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TIDE TAMER OF FLORIDA, 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:

F.H. SHACKELFORD, JR.

Name of Person

TIDE TAMER OF FLORIDA, LLC

Firm/Company

678 NE COLIN KELLY HIGHWAY

Address

MADISON, FLORIDA 32340

City/State and Zip Code

buzz@tidetamer.com

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

For further information concerning this matter, please call:

F.H. SHACKELFORD, JR.

Name of Person

at (252)

747-5180

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

INHS18 (2/14)

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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: TIDE TAMER OF FLORIDA, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
678 NE COLIN KELLY HIGHWAY
MADISON, FL 32340

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
678 NE COLIN KELLY HIGHWAY
MADISON, FL 32340

3. 4/1/2019 Date of filing/registration in Florida

4. L19000083962 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
F.H. SHACKELFORD, JR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
678 NE COLIN KELLY HIGHWAY
MADISON, FL 32340

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

NEW Registered Office Address:
678 NE COLIN KELLY HIGHWAY
MADISON, FL 32340

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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.

[Signature]
 Signature of a member or authorized representative of a member

F.H. SHACKELFORD, JR.

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.

Signature of Registered Agent

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