L19000 114237

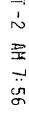
(Requestor's Name)							
•	,						
(Addross)							
(Al	(Address)						
(Address)							
(City/State/Zip/Phone #)							
		—					
☐ PICK-UP	WAIT	MAIL					
(Bu	ısiness Entity Nan	ne)					
(Do	ocument Number)						
Certified Copies Certificates of Status							
<u></u>							
Special Instructions to Filing Officer:							

Office Use Only



500334753315

18/82/19--01882--888 **25.80



COVER LETTER

TO:	Registration Section Division of Corporations		3 *
SUBJ	· · · · · · · · · · · · · · · · · · ·		
	Name	e of Limited I	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	e following:
Jorda	an Cohen		
	Name of Person		
ЈМ С	Cohen Law, PA		
	Firm/Company		
9100	NW 26th Place		
	Address		
Sunri	ise, FL 33322		
	City/State and Zip Code		
dustii	n@fidusfi.com		
- Н	E-mail address: (to be used for future annu	ial report noti	fication)
For fu	rther information concerning this matter,	please call:	
Jorda	an Cohen	305	912-5029
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	iaiLing address: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee		555 Filing Fee & Certified Copy

INHS18 (2/14)

TO:

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: Tidds Comments 390 N Orange Ave	390 N Orange Ave			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 2300		Suite 23	100	
	Orlando, FL 32801	_	Orlando	, FL 32801	
	4/26/2019		L190001	14237	
3.	Date of filing/registration in Florida	4.		Document number	er
5. (a)	J.M. Cohen Law, PA				
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of Stat	_ e:	
	615 E Colonial Dr				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_	21	
	Suite 150E				7019 OCT
	Orlando , FL	3280	3	_	JCT -
(b)	Dustin Lauer				2 AH
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:	_	<u>ا</u> ب
	390 N Orange Avenue				56
	NEW Registered Office Address:			_	
	Suite 2300			_	
	Orlando , FL	3280	I		
signa I here provise the objeto mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latture of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided cly reflect a change in the registered office address, I had in writing of this change.	the reg bility of the li imited	istered office company, it is mited liability liability cor	e and the business is hereby confirme by company or as empany. Printed or typed name again.	office of the registered d that the change(s) otherwise provided in the of signee

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

Signature of Registered Agent