119000 129641

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



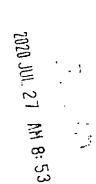
500344569005

05/19/20--01007--019 **25.00

RECEIVED

MAY 1 8 2020

S TALLENT JUL 28 1720



Thy &



2929."" ol 57 2:05

June 8, 2020

TRACY-ANN PREHAY-SCRUTCHINS T&M HOSPITALITY SERVICE LLC 1300 SANDAL LANE, APT 1314 PANANA CITY BEACH, FL 32413

SUBJECT: T&M HOSPITALITY SERVICE LLC

Ref. Number: L19000129641

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

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 820A00011261

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations	v		
SUBJE	CT: T&M Hospitality Service LL	c		
			iability Company	
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning th	is matter to the	following:	
Tracy-	Ann Prehay-Scrutchins			
	Name of Person			
T&M	Hospitality Service LLC			
	Firm/Company		_	
1300 5	Sandal Lane, April. 1314			
	Address			
Panan	na City Beach Florida, 32413			
	City/State and Zip Code		_	
annme	elane@gmail.com			
Ë-	mail address: (to be used for future ann	ual report notif	fication)	
For furt	her information concerning this matter,	please call:		
Tracy-	Ann Prehay-Scrutchins	_{at (} 850	7307752	
	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	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	□ \$:	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. N	ame of the limited liability company:	ality Serv	ice LLC			
2. (a)	, , , _	(b		failing address of limited		
	(<u>Note: MUST BE STREET ADDRESS</u>)		įVI	ianing address of fimited (Note: MAY BE POST		
	1300 Sandal Lane. Apt.1314 Panama City Beach, Florida 32413		Panama City Beach, Florida 32413			
	May 13, 2019		L1900012	9641		
3.	Date of filing/registration in Florida	4.	•	Document number		
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	:		
	Patty Sclimenti Legalinc Corporate	Services	LLC			
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS	1		2.020	
	5237 Summerlin Commons. Suite 400.				L L	
	Fort Myers , F	_L 33907			2020 JUL 27	
					A	
(b)	P. CATTAU D. L. L. L. V. ANDREW	1075			<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Uffice add	<u>iress</u> :		<u>ა</u>	
	Tracy-Ann Prehay-Scrutchins					
	NEW Registered Office Address:					
	1300 Sandal Lane. Apt 1314					
	Panama City Beach , F	32413				
If the l	imited liability company is not organized under the l	aws of the	State of Flor	rida it is hereby con	firmed that after	
the cha agent v was/we	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co s of the lim te limited li	tered office mpany, it is ited liability lability com	and the business off hereby confirmed th company or as other	ice of the registered that the change(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee	
provisi the obt to mer	by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act ie performa led for in C I hereby co	in this capa ince of my d hapter 605, infirm that th	city. I further agree luties, and I am lamil F.S. Or, if this docu he limited liability co	to comply with the liar with and accep ument is being filed ompany has been	
Signatu	are of Registered Agent					