

L19000 197 632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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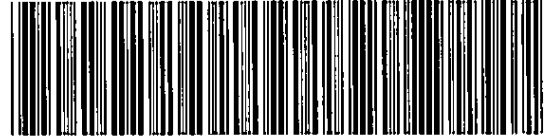
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SULKER

SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropic Breeze Travel, 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:

Sarah Griffin

Name of Person

Tropic Breeze Travel, LLC

Firm/Company

11440 Linnet Rd

Address

Weeki Wachee, FL 34614

City/State and Zip Code

tropicbreezetravel@gmail.com

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

For further information concerning this matter, please call:

Sarah Griffin

Name of Person

at (352) 251-5394

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

**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: Tropic Breeze Travel, LLC

2. (a) 11440 Linnet Rd (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Weeki Wachee, FL 34614

8/2/19

L19000197632

3. Date of filing/registration in Florida

4. Document number

5. (a) Sarah Griffin

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

11440 Linnet Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Weeki Wachee, FL 34614

(b) Nicole Azzaro

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

NEW Registered Office Address:

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

Sarah Griffin

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]
Signature of Registered Agent

FILED
2019 SEP -3 AM 10:28
TALLAHASSEE, FL
SECRETARY OF STATE

State of Florida

Department of State

I certify from the records of this office that TROPIC BREEZE TRAVEL, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on August 02, 2019, effective September 01, 2019.

The document number of this company is L19000197632.

I further certify that said company has paid all fees due this office through December 31, 2019, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 190810110025-000332776900#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Tenth day of August, 2019



Laurel M. Lee
Laurel M. Lee
Secretary of State