120 000 267342

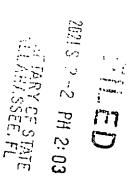
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations			
TIDAL INVESTILLC SUBJECT:			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
LOVETTE DOBSON			
Name of Person			
INCFILE.COM			
Firm/Company			
17350 STATE HWY 249 #220			
Address			
HOUSTON, TEXAS 77064			
City/State and Zip Code			
EFILE1234@INCFILE.COM			
E-mail address: (to be used for future annual i	report notification)		
For further information concerning this matter, plea	ase call:		
LOVETTE DOBSON	888 462-3453		
Name of Person	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, F1, 32303		
Enclosed is a check for the following amo	ount:		
■ \$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. Na	ime of the limited liability company: TIDAL INVEST	LLC		
2 (a)			(b)	
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	902 MANATEE AVE E. STE 211		2287 SOPH	IE SPRINGER LN
	BRADENTON, FL 34208		SARASOT	A. FL 34234
	08/27/2020		1.200002673-	42
3.	Date of filing/registration in Florida	 4.		Document number
	LEGALING CORPORATE SERVICES INC			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRE	<u> </u>	
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MYERS, F	33907		
	CHRIS ZAMPELLA	•		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Table mane of the windspace and of the windspace	o omec	auuruss.	
	NEW Registered Office Address:			
	902 MANATEE AVE E, STE 211			
	202 MANATER AVE E. STE 211			
	BRADENTON F	L 34208		ARY D
If the I	imited liability company is not organized under the la	ws of t	he State of Flo	rida, it is hereby contirmed that after the
agent v was/wa	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability of the 1	company, it is imited liability	hereby confirmed flat the change(s) company or as otherwise provided in
<u>(j</u>	rio Janpella	C	HRIS ZAMPEL	LA
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to nigre	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ree to a perfor ed for in hereby	ict in this capa mance of my d i Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Signatu	re of Registred Agent			