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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
Tatinek, LLC SUBJECT:						
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	g this matter to the	following:				
Glen R. Williams						
Name of Person		 -				
Tatinek, LLC						
Firm/Company						
3953 Poinsettia Drive						
Address						
St. Pete Beach, FL 33706						
City/State and Zip Coc	le					
grw0314@gmail.com						
E-mail address: (to be used for future	annual report notif	ication)				
For further information concerning this mat	tter, please call:					
Glen R. Williams	727 at (742-6210				
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, FL 32303				
Enclosed is a check for the follow	ring 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. N	ame of the limited liability company:				
2. (a)	3053 Poincettia Drive	(b) 3953 Poinsettia Drive			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		*	nited liability company: OST OFFICE BOX)
	St. Pete Beach, FL 33706		St. Pete B	each, FL 33706	
	11/13/2020		L20000360	751	<u></u>
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	Glen R. Williams				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Stat	te:	
	3983 Poinsettia Drive				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	 บ		
	St. Pete Beach, Fl	33706		_	ZOZI AUG SECRETA FALLAHA
(b)				_	-6 10 10 10 10 10 10 10 10 10 10 10 10 10
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	<u>dress</u> :		
	NEW Registered Office Address:			_	D 6: 22
	3953 Poinsettia Drive				.0
				_	
	St. Pete Beach, Fl	L 33706		_	
chang agent was/w the art	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ficles of organization or the operating agreement of the 7/26/2021	registere ability co of the lim limited l	ed office an impany, it i iited liabilit	nd the business offices hereby confirmed ty company or as of a mpany.	ce of the registered d that the change(s)
Gen (ature of a member or authorized representative of a member			Printed or typed nan	ne of signee
I here provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act performed of for in C hereby co	in this cap ance of my Thapter 602 onfirm that	acity – Unither as	ree to comply with the
	7/26/2021 Williams				
Signati	ure of Registered Agent				