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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1103 TIKI TOO 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:

Melissa Jones

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

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

For further information concerning this matter, please call:

Melissa Jones	844 493-6249 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: <u>1103 TIKI</u>	тос) LLC		
2. (a)	913 BEAL PKWY NW	 ቤ	913 BEAL PKWY NW		
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ("	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
	STE-A # 188		STE-A # 188		
	FORT WALTON BEACH, FL 32547	_	FORT WALTON BEACH, FL 32547		
	01/12/2021		L21000028111		
3. 5. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.	Document number		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 300					
	St. Petersburg, FL	3702			
(b)	ZenBusiness Inc				
• • •	Enter name of NEW Registered Agent and/or NEW Registered O	office ad	dress:		
	336 E. College Ave.				
	<u>NEW</u> Registered Office Address:				
	Suite 301				
	Tallahassee , FL ³	2301			
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the n will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistere ility co the lim	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
/s/ Nicholas Lynn Kibe			Nicholas Lynn Kibe		
Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this canacity. I further agree to comply with the					

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.

àV Signature of Registered Agent

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