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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Turtle Fin 2, LLC Name of Limi		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Saundra Larsen Name of Person		
Turtle Fin 2 LLC Firm/Company		
12228 Hwy 19 Suite	B	
Hudson FL 34667 City/State and Zip Code		
Turtle fin 020 4moul. C E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please ca	II:	
Soundra Carsen at (at (at (719) 510 - 3695 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 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. Name of the limited liability company: Turtle Fin 2, UC		
2. (a)		
	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
17588 6th Ct. North 1758	& Loth Ct. MONG	
Loxahodchee, FL 33470 Loxa	hatchee FL 33470	
3. Date of filing/registration in Florida 4.	00134853 Document humber	
5. (a) Corp Services Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2021 1342 16	
3458 Lake Shore Drive		
Toullahassee FL 323/2	. <u></u> න	
(b) Sauridira (arsar) Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u>ن</u> ت	
sher timbe of the registered Agent those the registered office address.	23	
Turtle Fin 2, LLC		
NEW Registered Office Address: 1222 Hury 19 Swite B		
Heidson FL 34667		
I hereby accept the appointment as registered agent and agree to act in this capacity	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee	
provisions of all statutes relative to the proper and complete performance of my di the obligations of my position as registered agent as provided for in Chapter 605. to merely reflect a change in the registered office address. I hereby confirm that th notified in writing of this change,	ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	

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

Signature of Registered Agent