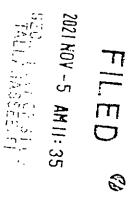
LZ1000458868

(Re	questor's Name)	
(Ád	dress)	
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(C:+	y/State/Zip/Phone	<u> </u>
Cit	y/State/Zip/Pfioni	e #)
PICK-UP	WAIT	MAIL
(But	siness Entity Nar	ne)
(23	Sinces Emily Hai	110)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	1
Special instructions to	rilling Officer.	
		

Office Use Only

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C. BRUMBLEY NOV 2 3 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIGS Succided Name of Limited Lia	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Name of Person Tias Succulent bards Firm/Company	
Firm/Company	
1119 Tammy Lane	_
Panama City FL 36 City/State and Zip Code	2404
E-mail address: (to be used for future annual report notific	alion) Com
For further information concerning this matter, please call:	
Johntie Wirnbley at 850 Name of Person	217 -1517 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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

	T = 5 11 /- 11 /-
l. Nar	ne of the limited liability company: 1125 Succo lent Gardly LC
2. (a) _	1114 lammy are (b) 1119 Jammy Lane
	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Panama City
	Florida 32404 Florida 3240
	10-21-21 L21000458868
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents, Inc.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5575 S. Semoran Blid
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	36
	36 Orlando FL 32822
(b) _	
Ī	Enter name of NEW Registered Agent and/or NEW Registered Office address:
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Kanahama Cin
	32UCX1:
	FL
	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
	or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wer	e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization or the operating agreement of the limited liability company.
the arde	tes of organization of the operating agreement of the finited flaming company.
Signatu	re of a metuber or authorized representative for member Printed or typed name of signee
I hereby	v accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisio the oblig	ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed y reflect a chapge in the registered office address, I hereby confirm that the limited liability company has been
to merel notified	y reflect a ch ange in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signature	of Registered Agent