L220000274459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer: J. HORNE MAY 13 '2022
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2022 MAY _4 PH 1: 2:

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE PH 12: 12

Division of Corporations

SECTION STATE
TALLAHASSEE, FL

March 28, 2022

CHRISTINE A CUPP 235 COCOANUT AVE **SUITE 116** SARASOTA, FL 34236 US

SUBJECT: TANDEM HOMES, LLC

Ref. Number: L22000027459

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your-filing-will-be-considered abandoned:

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 822A00007217

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TONDEM HOMES, 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:				
CHRISTINE CUPP Name of Person	_			
TLANDEM HOMES LLC Firm/Company				
235 COCOANUT AVE #116				
SARASOTA, FL 34736 City/State and Zip Code				
CHRISTING & YOUR HOME FL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CHRISTING CUPP at (239) Name of Person	340 - 3953 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

☐ \$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.

1. Na	me of the limited liability company: Twoem Ho	MES, LL	
2. (a)	(b)		
•		Mailing address of limite (Note: MAY BE POS	
	235 COCOANUT AVE 4116	,	SAME
	SDRASOTA, FL 34236		AS
			PAYSICAL
3.		00002	1459
	Date of filing/registration in Florida 4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:	
	CHRISTING A CUPP	-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	SUITE !	110
			710
	MIAMT FL 33/20	2	74 S 26
(b)		··· -	ECR ECR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		AY -
		_	
	NEW Registered Office Address: Z35 COCOANUT AVE. #116		
	235 COCOANUT AVE#116	.	22
	SDRD50TA FL 34 23	6	
change agent v was/we	mited liability company is not organized under the laws of the State of Floor changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability company.	d the business office s hereby confirmed t y company or as othe	of the registered hat the change(s)
Signal	ve of a member or authorized representative of a member	Printed or typed name of	OPP of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and agree to act in this cape on so fall statutes relative to the proper and complete performance of my of gettions of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that it is writing of this change.	acity I further nave	e to comply with the
Signatu	e of Registered Alem		
	Division of Corporations • P.O. Box 6327 • Tallahas	see, FL 32314	

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