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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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D CUSHING

COVER LETTER .

TO:	Registration Section Division of Corporations		· ·			
SUBJ	Ten-86 Outfitters, LLC					
		Name of Limited	Liability Company			
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for i	filing.		
Pleas	e return all correspondence concerni	ng this matter to th	e following:			
Rebec	cea Meltzer					
	Name of Person					
Ten-8	6 Outfitters, LLC					
	Firm/Company					
6037	Cypress Gardens Boulevard					
	Address					
Winte	er Haven, FL 33884					
	City/State and Zip Co	xde		2023 JAN 30 SEGRETARY		
ten86	outfitters@gmail.com			-m = 3		
	E-mail address: (to be used for future	e annual report not	ification)	30		
For fi	urther information concerning this ma	atter, please call:				
Rebec	eca Meltzer	863 at (662-5461)	ት: 22		
	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 Corpora The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	tions nassec eet, Suite 810		
	Enclosed is a check for the follow	wing amount:				
\$25 Filing Fee			\$55 Filing Fee & Certified Copy			

INHS18 (2/14)



January 9, 2023

REBECCA MELTZER TEN-86 OUTFITTER LLC 6037 CYPRESS GARDENS BOULEVARD WINTER HAVEN, FL 33884

SUBJECT: TEN-86 OUTFITTERS LLC

Ref. Number: L22000124687

We have received your document for TEN-86 OUTFITTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Diane Cushing Senior Section Administrator

Letter Number: 823A00000617

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JAN 3 0 2023

D.

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits 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:	rs, LLC		
2. (a)	Ten-86 Outfitters, LLC		Ten	n-86 Outfitters, LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6037 Cypress Gardens Boulevard		603	7 Cypress Gardens Boulevard
	Winter Haven, Florida 33884		Win	nter Haven, Florida 33884
	03/11/2022		L2200	00124687
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ZenBusiness Inc.			
	Registered Agent and Registered Office shown on the records of 336 E. College Avenue	of the Flori	da Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE) Suite 301			
	Tallahassee, F	L 32301		2023 . SEC
	Rebecca Meltzer			2023 JAN 30 SECRETAR
	Enter name of NEW Registered Agent and/or NEW Registered	The second of th		
	127 Saint Kitts Circle			PH 4: 2:
	NEW Registered Office Address:	22 1		
	Winter Haven, F	L_33884		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	e registe liability of of the li e limited	red offi compan mited li Lliabilit	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
<u> </u>		Re	becca M	
I here provis the ob to mer notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided to reflect a change in the registered office address, it is inviting of this change.	e nerfori	nance c	of my duties, and I am familiar with and accept