## 666 Elegronic Filing Cover Speci

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE TICO SCUBA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

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Electronic Filing Menu

Corporate Filing Menu

## 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.

	ame of the limited liability company:							
. (a)	Principal office address of limited liability company:	· · · · · · · · · · · · · · · · · · ·						
	( <u>Note: MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
		S( N STE 4000						
			St. Peter	rsburg Florida 33702				
	03/08/23		L2300012	22666				
	Date of filing/registration in Florida	4.		Document number				
(a)	MORERA, DAVID							
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.							
	21842 PRISTINE LAKE BLVD							
	Registered Office Address (MUST BE FLORIDA STREET)	<del></del>						
	LAND O LAKES	34637						
(b)	Registered Agents Inc							
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:					
	7901 4th St N			. 70 -				
	NEW Registered Office Address:			<del></del>				
	STE 300		·	្ចិ 				
	St. Petersburg	33702						
ie cha gent v as/we ie arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim limited l	stered off mpany, i ited liabi	ice and the business office of the registe t is hereby confirmed that the change(s) htty company or as otherwise provided i				
Signa	ture of a member or authorized representative of a member		ii Jones	Printed or typed name of signee				
herei rovisi je obl mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I if in writing of this change.	ee to act perform d for in ( hereby co	in this co ance of m Thapter 6 onfirm the	anacity I further agree to comply with				

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

Signature of Registered Agent