

L23 000 235 887

(14)



700427855467

01 19.27 -01.04 -025 ++25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2024/11/19 PM 4:56

**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: Fin Shuttle Tours L.L.C

2. (a) 19701 Gulf Blvd 429 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Indian Shores 33785

3. Jun 4 2024 4. #L23000235887
Date of filing/registration in Florida Document number

5. (a) Zenbusiness Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

336 E. College Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301

Tallahassee FL 32301

(b) Robert E. Bauman

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

19701 Gulf Blvd 429

NEW Registered Office Address:

Indian Shores

33785
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert E. Bauman

Signature of a member or authorized representative of a member

Robert E. Bauman

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert E. Bauman
Signature of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fin Shuttle Tours L.L.C.
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:

Robert E. Bauman
Name of Person

Fin Shuttle Tours LLC
Firm/Company

19701 Gulf Blvd #429
Address

Indian Shores FL 33785
City/State and Zip Code

finshuttletours@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bauman at (727) 400-0735
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 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