

L23000 325 802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

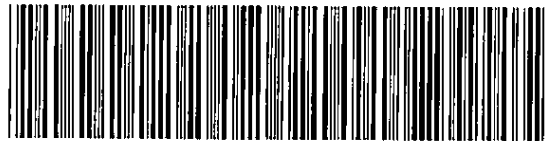
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2024

ROXANA CASTRO
2626 10TH AVE NE
NAPLE, FL 33016

SUBJECT: TACTICAL TASTE COFFEE COMPANY LLC
Ref. Number: L23000325802

We have received your document for TACTICAL TASTE COFFEE COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA 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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 624A00016623

AUG 16 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TACTICAL TASTE COFFEE COMPANY 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:

Roxana Castro
Name of Person

TACTICAL TASTE COFFEE Company LLC
Firm/Company

2626 10th AVE NE, NAPLES, FL 34120
Address

NAPLES, FL, 34120
City/State and Zip Code

roxiana 965@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxana Castro at (786) 237 4200
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

INHS18 (2/14)

(I already emailed \$35 in previous letter (see 2nd page))

**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: TACTICAL TASTE COFFEE COMPANY LLC
2. (a) 2626 10th AVE NE, Naples, FL 34120 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 2626 10th AVE NE, Naples, FL 34120 Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 07/10/2023 Date of filing/registration in Florida
4. L230 00325802 Document number

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

7901 4th St N, Ste 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg FL 33702

- (b) Steven Brajdic
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2626 10th Ave NE
NEW Registered Office Address:

Naples FL 34120

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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.

[Signature]
Signature of a member or authorized representative of a member

Roxana Castro
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

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