

L24000220813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

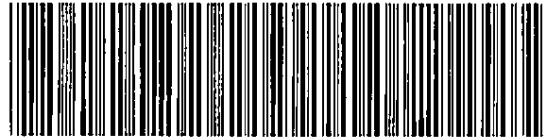
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LLC F RO
Change

2024 AUG 21 10:07:00

A. RAMSEY
AUG 27 2024

FILED
2024 AUG 21 AM 9:14

* 0.0789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2024

MEGAN DAME
TRUSTED
10800 BRIGHTON BAY BLVD NE #22202
SAINT PETERSBURG, FL 33716

SUBJECT: TRUSTED BARTENDING SOLUTIONS LLC
Ref. Number: L24000220813

We have received your document for TRUSTED BARTENDING SOLUTIONS 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 that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form. Since you are only changing the principal office address and registered agent's address you may file a registered agent change form.

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.

Annette Ramsey
OPS

Letter Number: 024A00016713

RECEIVED
AUG 21 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trusted Bartending Solutions 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:

Megan Dame
Name of Person

Trusted Bartending Solutions
Firm/Company

10800 Brighton Bay Blvd NE #22202
Address

Saint Petersburg, FL 33716
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

**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: Trusted Bartending Solutions LLC

2. (a) 5110 S. Manhattan Ave 1210
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Tampa, FL 33611

(b) same as principal address
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 5/19/24
Date of filing/registration in Florida

4. L24000220813
Document number

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

5110 S. Manhattan Ave Unit 1210
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33611

(b) Megan Dame
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10800 Brighton Bay Blvd NE #22202
NEW Registered Office Address:

Saint Petersburg, FL 33716

_____, FL _____

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.

Megan Dame
Signature of a member or authorized representative of a member

Megan Dame
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.

Megan Dame
Signature of Registered Agent