12400028 W. C

(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 Filling Officer:				
UMILS				

Office Use Only



500434340215

03/31/24--01016--009 **25.00



COVER LETTER

Division of Corporations				
SUBJECT: TACTICAL MOVING GROUP				
	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the	e following:		
Adam Saulters				
Name of Person				
ZenBusiness Inc.				
Firm/Company				
336 E. College Ave. Suite 301				
Address	-			
Tallahassee, FL 32301				
City/State and Zip Coc	le	<u> </u>		
ra@zenbusiness.com				
E-mail address: (to be used for future	annual report noti	fication)		
For further information concerning this mat	ter, please call:			
Adam Saulters	844 at (493-6249		
Name of Person	w (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 follow	ing 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. Na	ame of the limited liability company: TACTICAL MO	VING GROUP LI	.C	
2. (a)	1431 SIMPSON ROAD	(b) 1431 SIMPSON ROAD		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 1460	SUITE	E 1460	
	KISSIMMEE, FL 34744	KISSI	MMEE, FL 34744	
	06/25/2024	L24000	286419	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	MIKEL, LISA			
, ,	Registered Agent and Registered Office shown on the records of 1431 SIMPSON ROAD	the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 1460	ADDRESS)		
	KISSIMMEE , FL	34744		
4.	ZenBusiness Inc.		63	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:			
	Tallahassee	22201		
	FL.	32301		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered office bility company, if the limited liab	and the business office of the registered it is hereby confirmed that the change(s)	
<u>/s/ D</u>	Owayne Saunders	Dwayne Saun	·	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
he obli o mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act in this co performance of n I for in Chapter 6 ereby confirm the	apacity. I further agree to comply with the avec duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	
(h	W demity			
Signatur	e of Registered Agent			