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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2018

DANIEL TAPIA 4630 WHISPER WAY PENSACOLA, FL 32504

SUBJECT: TAPIA HOLDINGS, LLC Ref. Number: M17000009483

We have received your document for TAPIA HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Application is faded and illegible.

We are enclosing the proper form(s) with instructions for your convenience $\frac{\partial^2 f}{\partial x^2}$

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call—(850) 245-6051.

Letter Number: 818A00025259

Dionne M Scott Regulatory Specialist II

()

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	FCT: Tespi	c Holdings LLC						
., 0 ., 0	Name of Limited Liability Company							
Dear S	ir or Madam:							
The er	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	is matter to the following:						
	Daniel Topia Name of Person							
	Tipic Holdings LLC Firm/Company							
	Firm/Company							
	4630 Whisper Way							
	4630 Whisper Way		-					
	Pensacola, FL 32 City/State and Zip Code	504	2019 JAN 16 A 2: 11	TITE				
	City/State and Zip Code		一	-				
	11,03,04,600, Con		375	in				
	Hap3/Byahoo. Com	ual report notification)	7. 2.					
For fu	ther information concerning this matter,	please call:						
	Doniel Tapia	at (631) 255-9282						
	Name of Person	Area Code & Daytime Telepho	one Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	amount:						
INHS1	S \$25 Filling Fee received 8 (2/14)	S55 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	me of the limited liability company: Tc.pic A	Holdings L	LC
2. (a)	21/20 1 August 1 10 1	()	4630 Whisper Way
, , ,	Principal office address of limited liability company:		Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	Pensacola, FL 32504		Pensocolo, FL 32504
			· · · · · · · · · · · · · · · · · · ·
	11/06/20/17		M170000009483
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)		
	3030 N Rocky Part Dr. 51E 1	50A	
	Tampa , Fl.	33607	
			FILED 2018 JAN 16 A 2: 1 IALLAHASSLE FLORIT
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office uddence	<u>\$55.5 cm</u>
	Tallet hame of MATA Registered Agent and of Mata Registered	remet audies,	
			1.65 1.65 2:
	NEW Registered Office Address:		
	4630 Whisper Way	· · ·	<u></u>
		325L)4
	imited liability company is not organized under the law		
the cha	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	the registered ability compan	office and the business office of the registered v, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members c cles of organization or the operating agreement of the	of the limited li	ability company or as otherwise provided in
			• • •
Signat	fure of a member of authorized representative of a member		Daniel Tapia Printed of typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I if in writing of this change.	ree to act in thi	s canacity. I further goree to comply with the

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

Signature of Registered Agent