

M21 0000015763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

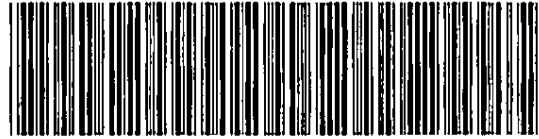
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUL 16 2022
FALL GASSER, FLORIDA

2022 JUN 10 PM 6:00

06/10/22--01019--026 **55.00

AUG 2 9 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAIRYTALES AND SUNSETS TRAVEL, 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:

Russell Richardson

Name of Person

FAIRYTALES AND SUNSETS TRAVEL, LLC

Firm/Company

804 Iris Circle

Address

Columbia/TN/38401

City/State and Zip Code

russell@fairytalsandsunsets.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Richrdson

931

9825785

at (_____) _____

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

**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: FAIRYTALES AND SUNSETS TRAVEL, LLC

2. (a) FAIRYTALES AND SUNSETS TRAVEL, LLC (b) FAIRYTALES AND SUNSETS TRAVEL, LLC

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

804 Iris Circle

Columbia, TN 38401

03/26/2022

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

PO Box 1818

Columbia, TN 38402

M21000015763

3. Date of filing/registration in Florida

4. Document number

5. (a) WAITR, SYDNEY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

WAITR, SYDNEY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7912 CUMBERLAND PARK DR 6203

Orlando, FL 32821

(b) WAITR, SYDNEY

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

WAITR, SYDNEY

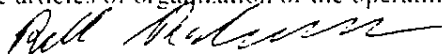
NEW Registered Office Address:

10000 Palma Linda Way Apt. 02-312

Orlando, FL 32836

FILED
2022 JUN 10 PM 6:00
TALLAHASSEE, FLORIDA

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.

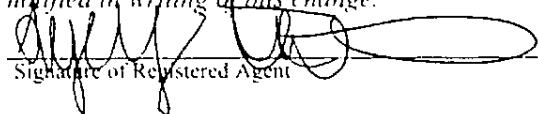


Russell Richardson

Signature of a member or authorized representative of a member

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 of Registered Agent

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