

(((H23000212327 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	i						

LLC REGISTERED AGENT CHANGE TAMARIT MOTORCYCLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

JUN 14 ZUZU

Electronic Filing Menu

Corporate Filing Menu

Help



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: TAMARIT MC	TORCYCLES	RLC '				
2. (a)		(b)					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	09/19/2022 Date of filing/registration in Florida		0014534 Document number				
	J J		Document humber				
5. (a)	WORLDWIDE CORPORATE ADMINISTRATION Registered Agent and Registered Office shown on the records of the 2330 PONCE DE LEON BLVD. Registered Office Address (MUST BE FLORIDA STREET A	ne Florida Dept. of S	State:				
	CORAL GABLES , FL	33134	· · · · · · · · · · · · · · · · · · ·				
(b)	Northwest Registered Agent LLC						
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:					
	7901 4th St N						
	<u>NEW</u> Registered Office Address:						
	STE 300		<u> </u>				
	St. Petersburg , FL	33702					
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered of bility company, I the limited liab	lice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in				
N	at smith	Nat Smith					
' Signa	ure 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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent