

PO2000073689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

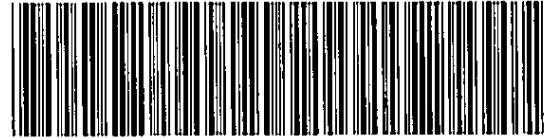
(Business Entity Name)

(Document Number)

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OCT 25 2018

T. LEMIEUX

PLNC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: High Tide Tobacco & Gifts of LARGO Inc.
Name of Corporation

DOCUMENT NUMBER: PD2 0000 73689

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDOR A. ARADI
Name of Contact Person

High Tide Tobacco & Gifts of LARGO Inc.
Firm/Company

2840 W. BAY Dr. #224
Address

Belleair Bluffs, FL 33770
City/State and Zip Code

AARADI1@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandor A. Aradi at (727) 584-3495
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLA. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: High Tide Tobacco & Gifts of LARGO Inc.
2. The principal office address: 2840 W. BAY Dr. # 224
Belleair Bluffs, FL 33770
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/5/2002 Document number: P02000073689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LECHNER, BERNARD F
2115 Range Road
Clearwater, FL 33765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LIROT, LUKE Esq.
2240 Belleair Rd # 190
P.O. Box NOT acceptable
CLEARWATER, FL 33764

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Paul A. Anli

Signature of an officer or director

Sandor A. Aradi

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Luke Lirot

Signature of Registered Agent

10.17.18

Date

If signing on behalf of an entity:

LUKE LIROT

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314