

P04000070603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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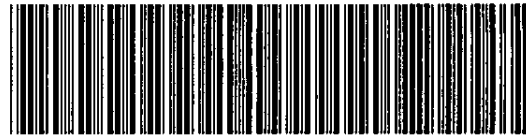
(Business Entity Name)

(Document Number)

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Tlew
9-15-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tiki Tanning Inc.
Name of Corporation

DOCUMENT NUMBER: P04000070603

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:

Bernice Madden
Name of Contact Person

Tiki Tanning
Firm/Company

4051 13th Street
Address

Sr. Cloud Fl. 34769
City/State and Zip Code

bc.tanner1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernice Madden at (407) 709-0459
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2011

BERNICE MADDEN
TIKI TANNING INC.
4051 13TH STREET
ST. CLOUD, FL 34769

SUBJECT: TIKI TANNING INC.
Ref. Number: P04000070603

We have received your document for TIKI TANNING INC. and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above entity is a Florida corporation, the document submitted are for a Florida limited liability company. The correct form is enclosed, please complete and return it to this office for processing.

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

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 511A00020770

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tiki Tanning Inc.
2. The principal office address: 4051 13th Street
St. Cloud Florida 34769
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 30, 2004 Document number: P04000070603
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)

Thomas Anderson Resigned
4119 Neptune Road
St. Cloud Florida 34769

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

John Madden
4051 13th Street
P.O. Box NOT acceptable
St. Cloud Florida 34769

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Bernice Madden
Signature of an officer or director

Bernice Madden
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.

John Madden
Signature of Registered Agent

9-12-11
Date

If signing on behalf of an entity:

John Madden
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