P05000012121

_____
(Requestor's Name)

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(Address)

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(Address)

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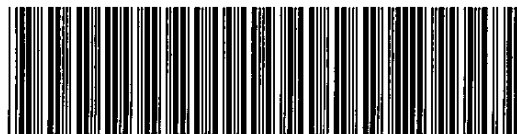(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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02/08/08--01001--003 **10.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO chs.
2/7

COVER LETTER

TO: Amendment Section
      Division of Corporations

SUBJECT: _Tides Miami EnTeRPRises , Inc_
                    (Name of Corporation)

DOCUMENT NUMBER: _P05 0000 12121_

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:

EdiT MEURRENS
(Name of Contact Person)

Tides Miami
(Firm/Company)

111 NE 1 Stut 9th floor
(Address)

Miami, Fl 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

Jill Bonar at (_614_) _37 4. 5053_
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

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

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2008

Edit Meurrens
Tides Miami Enterprises, Inc.
111 NE 1st St., 9th Floor
Miami, FL 33132

SUBJECT: TIDE'S MIAMI ENTERPRISES, INC.
Ref. Number: P05000012121

We have received your document for TIDE'S MIAMI ENTERPRISES, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of $10.00 is due.

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) 245-6901.

Susan Payne
Senior Section Administrator   Letter Number: 108A00005771

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 _____

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

1. The name of the corporation: **Tide's Miami**

2. The principal office address: **111 NE 1 Stut 9th floor**
   Miami, Fl 33132

3. The mailing address (if different): **Same**

4. Date of incorporation/qualification: **1/24/2005** Document number: **P05000012121**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Edit Meurrens
   340 S. Hibiscus Dr
   Miami Beach, Fl 33139

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

   Edit Meurrens
   111 NE 1 Street 9th floor
   (P.O. Box NOT acceptable)
   Miami, Fl 33132

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.

_____   **Edit Meurrens**
(Signature of an officer or director)   (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.

_____   **2·1·08**
(Signature of Registered Agent)   (Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name)

* * * FILING FEE: $35.00 * * *