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SECRETARY OF STATE

R.A

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JUN - 3 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: Tides for Inc.  Name of Corporation								
DOCUMENT NUMBER: 760163398907								
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:								
Mallher Petton Name of Contact Person								
Name of Confact Person								
Toleton tro								
Tidester Inc.  Firm/Company								
2857 NE 32nd Street, Apt #7								
Address								
City/State and Zip Code								
peterson @ mg. fit.alu								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Mathew Petrson at 540 760 -8321  Name of Contact Person Area Code & Daytime Telephone Number								
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)

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

Pursuant to the pi statement of chan in order	ge is submitted	for a corpo		d under the	laws o	of the S	tate of _	Florida	<del></del>	
<ol> <li>The name of the</li> <li>The principal o</li> </ol>	e corporation:_	Tides	tar Inc.	Λ,	<u> </u>	· · · ·	<u> </u>	72675		
2. The principal o	ffice address:	1787	2 Na 11 (147)	mc,	971	und	PL_	30868		_
3. The mailing ad	dress (if differe	nt):								
4. Date of incorpo	oration/qualific	ation: <u> </u>	/ 10	Docume	ent nun	nber: _	P09	00009	877	1
5. The name and s Florida Departr					tered o	ffice or	ı file wi	ith the		
_	Matthew	piters	<u> </u>					_		
_	1481	Shallcross	Arc					_		
_	Octuno	, PL	32828					TALI	2018	
6. The name and s (if changed):	street address o	f the new re	gistered agent (					CHETARY LAHASSE	I - KING	7
-		s Peter		1 0		# 7	·	- Fr	PH 12: 5	i
-	2857	NE 3	P.O. Box NOT a	ct A	pt	# 7		- 95	∑; ∑;	
<u>-</u>	H. Lau	estate,	P.O. Box NOT at FL 33	306				— —	<b>L</b>	
The street address as changed will be	s of its register						ice of i	ts registered	agent,	
Such change was authorized by the	authorized by board, or the	resolution corporation	duly adopted b	y its board ied in writ	of dire	ectors ( the cha	or by an	n officer so		
Mutch	Met.			Mut			301			
I hereby accept to I further agree to of my duties, and document is bein corporation has	) comply with 1 1 am familiar 9 filed merely	he provisio with and ac to reflect a	ns of all statute except the oblige change in the	agree to aces relative ation of my registered of	ot in thi	ie czmzi	citu		rmance - if this hat the	
Matel	Note	<b></b> -		5/	27	/10				
Signa	iture of Registered .	\gent				Date				
If signing on beh	alf of an entity  Peterson									
	ped or Printed Name									

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