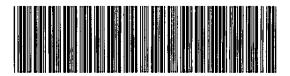
F02000005013

(Red	questor's Name)
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TIESCO GENGONY Name of Corporation
DOCUMENT NUMBER: <u>F0200005013</u>
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:
Aciel Giglio Name of Contact Person
Treso forfait Company
5481 Willon 20 Stc 505
Coconut Creek FL 33073 City/State and Zip Code
E-mail address? (to be used for future annual report notification)
For further information concerning this matter, please call:
Ociel Giglio Name of Contact Person at (954) 623-7527 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

CR2E045 (03/12)



November 14, 2016

ARIEL GIGLIO 5481 WILES RD., STE 505 COCONUT CREEK, FL 33073

SUBJECT: TRESCO FORFAIT COMPANY

Ref. Number: F02000005013

We have received your document for TRESCO FORFAIT COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The balance due will be \$10.00.

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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 516A00024350

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: Tresco Forcait Company	
2. The principal office address: 5481 Wilon 20 St 807, Coconut Creek FL 38073	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Document number:	
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)	FILED
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 5481 Wiles Rd Ste 505 COCONUT Creek FL 33073	
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. HAND TOROGO	
Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I furtherlagree 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.	
Signature of Registered Agent Date If signing on behalf of an entity:	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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