(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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JUL 07 2015 T. LEMIEUX

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Top Notch Performance, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000051842

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:

Cynthia M. Hass

Name of Contact Person

Top Notch Performance, Inc.

Firm/Company

4261 Orange Grove Blvd.

Address

N. Ft Myers, FL 33903

City/State and Zip Code

blayniac1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia M. Hass

,,239

229-4441

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Top Notch Performance, Inc.	
2. The principal office address: 4261 Orange Grove Blvd., N. Ft Myers, FL 33903	
3. The mailing address (if different):	
4. Date of incorporation/qualification: June 13, 2014 Document number: P14000051842	
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)	
Cynthia M. Hass	
17971 San Carlos Blvd., Isle of Palms	
17971 San Carlos Blvd., Isle of Palms Ft Myers Beach, FL 33931	FIL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ED
Cynthia M. Hass	
4261 Orange Grove Blvd.	
P.O. Box NOT acceptable	
N. Ft Myers, FL 33903	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gent,
Such charge 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.	
Blayne J. Hass, President Signature of an efficer 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 registere 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	d
If signing on behalf of an entity:	
Typed or Printed Name	

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