

PK000088378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

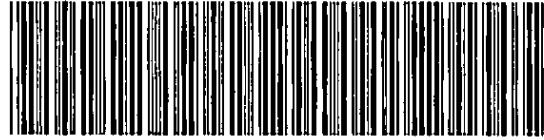
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 05 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T.Z. PRODUCTIONS INC.

Name of Corporation

DOCUMENT NUMBER: P16000088378

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:

ZVIKA SCHWARTZ

Name of Contact Person

T.Z. PRODUCTIONS INC.

Firm/Company

3245 NE 184 ST APT 13401

Address

AVENTURA 33160

City/State and Zip Code

tzproductions2017@gmail.com

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

For further information concerning this matter, please call:

ZVIKA SCHWARTZ

Name of Contact Person

at (786) 4201134

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: T.Z. PRODUCTIONS INC.
2. The principal office address: 3245 NE 184 ST APT 13401 , AVENTURA , FL, 33160
3. The mailing address (if different): SAME AS OFFICE
4. Date of incorporation/qualification: 11/01/2016 Document number: P16000088378

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)

Zvika Schwartz

3245 NE 184 ST APT13401, AVENTURA , FLORIDA,33160

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

Zvika Schwartz

unit 1607E 1755 E HALLANDALE BEACH BLVD,HALLANDALE BEACH, FLORIDA 33009

P.O. Box NOT acceptable

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.


Signature of an officer or director

ZVIKA SCHWARTZ DIRECTOR, REGISTERED AGENT
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.


Signature of Registered Agent

26/11/2018
Date

If signing on behalf of an entity:

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