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LPARTMENT OF STATE
EVISION OF CORPORATION
TALL AHASSEE, FLORID:

FEB 05 2020

S. YOUNG

COVER LETTER

TO:

Amendment Section Division of Corporations

	SINC
SUBJECT: TURNT MANAGEMENT & PRODUCTIONS Name of Corporation	
DOCUMENT NUMBER: P19000094738	
The enclosed Statement of Change of Registered Office	re/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
ALANA MARIA MALDONADO	
Name of Contact Person	
TURNT MANAGEMENT & PRODUCTIONS INC.	
Firm/Company	
P.O BOX 970525	
Address	
COCONUT CREEK, FLORIDA 33097	
City/State and Zip Code	
INFO@DJTURNT.COM	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please	call:
ALANA MARIA MALDONADO	263-1887
Name of Contact Person	at (954)263-1887 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment 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
rananassee, FL 32314	Tallahassee, FL 32301

CR2E045 (04/13)

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

2. The principa M 208	f the corporation: TURNT MANA and office address: 3401 W HILLSE			
M 208				
3. The mailing				
5,	address (if different): Po B	0x 970525	Coconut Creek	FL 330
4. Date of inco	rporation/qualification: 12/16/19)Docur	ment number: P1900009473	8
	nd street address of the current reartment of State: (If resigned, en		istered office on file with the	he
	ALANA MARIA MALDONAI	DO	٠,	25
	3401 W HILLSBORO BLVD		TALL	2020 JAN
	M 208		AHAS	21Mi
6. The name ar (if changed):	nd street address of the new regis : ALANA MARIA MALDONAI		d) and /or registered of RCC COR	AM 7: 16
	947 NW 111TH AVE			4
		P.O. Box NOT acceptable		
	PLANTATION, FLORIDA 333	324		
The street add	ress of its registered office and Il be identical.	the street address of the	he business office of its re	gistered agen
	vas authorized by resolution du the board, or the corporation ha			
//2	ee	ALANA N	MARIA MALDONADO	
·	ture of an officer or director		Printed or typed name and title	
l further agree of my duties, a document is be	of the appointment as registered to comply with the provisions and I am familiar with and acce ging filed merely to reflect a chi ys been notified in writing of th	of all statutes relative pt the obligation of m ange in the revistered	to the proper and comple v position as revistered as	vent. Or. if th
	$- \subset \!$	12/28/19		
Si	ignature of Registered Agent		Date	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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