

PM0000 94738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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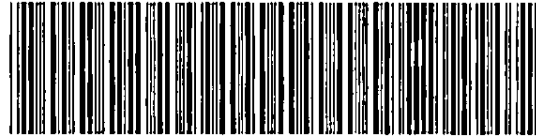
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN -7 AM 7:16

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FEB 05 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TURNT MANAGEMENT & PRODUCTIONS INC.
Name of Corporation

DOCUMENT NUMBER: P19000094738

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:

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@DJTURN.COM

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

For further information concerning this matter, please call:

ALANA MARIA MALDONADO

Name of Contact Person

at (954) 263-1887

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

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.

- M 208

- PLANTATION, FLORIDA 33324


Signature of an officer or director

ALANA MARIA MALDONADO
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.

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.

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314