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DIVISION OF CORPORATIONS
2003 OCT 13 PM 4:58

REGISTERED AGENT CHANGE

T & M SALVAGE, INC

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10/14/03

10/13/03

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

this statement of change is submitted for a corporation organized under the laws of the Florida in order to change its registered office or registered agent, or of Florida. 1. The name of the corporation: T & M Salvage, Inc i. 2. The principal office address: 6406 Yvette Drive Hudson, FL 34667 i. 3. The mailing address (if different): 6406 Yvette Drive Hudson, FL 34667 i. 4. Date of incorporation/qualification: 4/4/72 Document number: 35 5. The name and street address of the current registered agent and registered office on fi Florida Department of State: Virginia Mock	both, in the State
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Florida Department of State: Virginia Mock 1815 E. State Road 540A	c.
1815 E. State Road 540A .=	
Lakeland, FL 33813	•
	<u>-</u>
6. The name and street address of the new registered agent (if changed) and /or reg	istered office (if
changed): Lesile Wager Hudock	·
	<u>-</u>
601 Bayshore Boulevard, Ste. 700 (P.O. Box or personal mailbox NOT acceptable)	- =
Tampa, FL 33606	
The street address of its registered office and the street address of the business office agent, as changed will be identical.	of its registered
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Adelina G. McCulley, President (Signature of an officer, chairman or vice chairman of the board) (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 performance of my duties, and I am familiar with and accept the obligation of my posteristered agent. Or, if this document is being filed merely to reflect a change in the office address, I hereby confirm that the corporation has been notified in writing of the	complete ition as registered is change.
Tel 112 17 2007	<u>-</u>
U Carrier Carr	
If signing on behalf of an entity:) <u>a</u>
(Typed or Printed Name) (Capacity)	,

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

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