

689231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2010 OCT 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/1/10

PRESTON O. COCKEY, JR., P.A.

Attorney At Law

110 E. Madison Street
Suite 204
Tampa, Florida 33602

Tel: 813-275-5015
Fax: 813-275-5016
E-mail: gbarber@poclaw.com

October 26, 2010

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Tare, Inc.

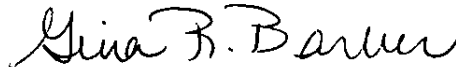
To Whom It May Concern:

Please file the enclosed original Statement of Change of Registered Office or Registered Agent or Both for Corporations for Tare, Inc.

I have also enclosed a check in the amount of \$35.00 for the filing fee.

Please call me at (813) 275-5015 if you have any questions.

Very truly yours,



Gina R. Barber, Legal Administrator
to Preston O. Cockey, Jr.

/grb
Enclosures

348024-1 Ltr to Sec of State (File Registered Agent change) 10-26-10.doc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAKE INC
Name of Corporation

DOCUMENT NUMBER: 689231

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:

Mr. Preston D. Cockey, Jr.
Name of Contact Person

Preston D. Cockey, Jr., P.A.
Firm/Company

110 EAST Madison ST., Suite 204
Address

TAMPA, FL 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

Preston Cockey at (813) 275-5015
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: TARE INC
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

Robert J Boyton
237 Dunbar Court
Oldsmar FL 34677 US

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

Mr. Preston A. Cockay, Jr
110 EAST MADISON ST. SUITE 204
P.O. Box NOT acceptable
TAMPA FL 33602

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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]
Signature of an officer or director

R. J. BOYTON
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]
Signature of Registered Agent

10/26/2010
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
CR2E045 (8/05)