## 727593

(Requestor's Name)
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(Address)
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(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Ellas, Marie)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: T.A.T Civic Association Inc.

DOCUMENT NUMBER: 727593

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:

Ann Marie DiMaio

Name of Contact Person

T.A.T. Civic Association Inc.

Firm/Company

3210 Darlington Road

Address

Holiday, Florida 34691

City/State and Zip Code

Savethetatcivic@gmail.com

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

For further information concerning this matter, please call:

Ann Marie DiMaio

,727

776-6090

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida is to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: T.A.T. Civic Association, Inc.
	office address: 3210 Darlington Road, Holiday, Fl 34691
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 1973 Document number: 727593
5. The name and	I street address of the current registered agent and registered office on file with the tunent of State: (If resigned, enter resigned)
	resigned- Sharon Kay Martin
	——————————————————————————————————————
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Ann Marie Di Maio
	3102 Lecanto Street  P.O. Box NOT acceptable
	Holiday, Florida 34691
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	re of an officer or director  Ann Marie D. Mai D  Printed or typed name and title
I hereby accept I further agree to performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Om 1	non il Maro 2/13/2018
_	half of an entity:
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

## DIVISION of Corporations 850-245-6000

Clifton Bulders
2661 Executive Center Cir
Tallahossee FL 32301

Point of Contact:

Ann Marie Di Maio
727-776-6090