

F1200000 1180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

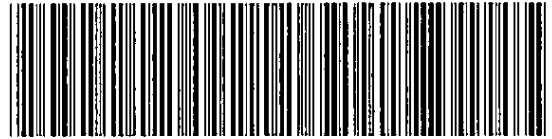
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 23 2024

Office Use Only



400432053724

08/27/24--01002--007 **35.00

2024 JUL 27 11:11
J. HORNE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Too You Marketing Inc
Name of Corporation

DOCUMENT NUMBER: FL2000001180

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:

Daylen Torres
Name of Contact Person

Too You Marketing Inc
Firm/Company

6065 NW 167 ST Suite B9
Address

Hialeah FL 33015
City/State and Zip Code

daylen@mdicalibration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daylen Torres at (305) 362 2849
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

• **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 Wyoming in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Too You Marketing Inc
2. The principal office address: 6065 NW 167 ST Suite B9
Hialeah FL 33015
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 3/2012 Document number: F1200000/180
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)

Marcelo TABANGO /resigned
6065 NW 167 ST B9
Hialeah FL 33015

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

Daylen Torres
6065 NW 167 ST Suite B9
Hialeah FL 33015

P.O. Box NOT acceptable

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.

Marcelo Tabango
Signature of an officer or director

Marcelo Tabango President
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

06/25/2024
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 (04/13)