

F18000005687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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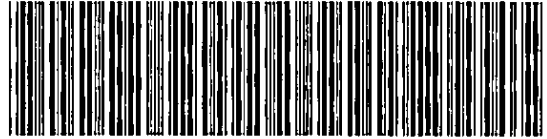
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** T.G.I. Protection Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** F18000005687

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:

Roxanne Brown

Name of Contact Person

T.G.I. Protection Incorporated

Firm/Company

12555 Biscayne Blvd, #780

Address

North Miami, FL 33181

City/State and Zip Code

rbrown@tangentgroup.com

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

For further information concerning this matter, please call:

Roxanne Brown

Name of Contact Person

at ( 817 )

875-8800

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

1. The name of the corporation: T.G.I. Protection Incorporated
2. The principal office address: 12555 Biscayne Blvd, Suite 780 North Miami, FL 33181
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/07/2018 Document number: F18000005687
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)

Tom Glover

Northwest Registered Agent, LLC

3030 N Rocky Point Dr., STE 150A, Tampa, Florida, 33607

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

Roxanne Brown

12555 Biscayne Blvd, Suite 780

P.O. Box NOT acceptable

North Miami, FL 33181

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.

Roxanne Brown  
Signature of an officer or director

Roxanne Brown

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.*

Roxanne Brown  
Signature of Registered Agent

October 28, 2021

Date

If signing on behalf of an entity:

Roxanne Brown

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)

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