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(((H20000298163 3)))



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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

2 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:							
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REGISTERED AGENT CHANGE T & A SUPPLY COMPANY, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

T & A SUPPLY COMPANY, INC.
Name of Corporation

DOCUMENT NUMBER: F19000001763

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:

Mary Castillo

Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300

Address
Austin, Texas 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

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

888 705-7274
Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

	provisions of sections 607.0502 inge is submitted for a corporat					<u>on</u>
in orde	r to change its registered office	or registered ag	zent, or boti	h, in the State of	Florida.	
. The name of	the corporation: T&ASU	IPPLY CC	MPAN	IY, INC.		
. The principal	office address: 6807 S 2	16TH ST	KENT	, WA 980	32	
_	address (if different): P.O. E					
l. Date of incorp	poration/qualification: $\frac{4/3/2}{2}$	019 1	Document r	number: F190	10000176	3
	I street address of the current re rtment of State: (If resigned, ent		nd registere	d office on file w	vith the	
. 10.11au 2 0pa	C T CORPORA		YSTF	М		
	1200 SOUTH PINE ISLA				_	
	PLANTATION		FL	33324	_	
				·	707	1
i. The name and (if changed);	d street address of the new regis	tered agent (if cl	hanged) and	d /or registered o	ffice 133	:
	Registered Ager	nt Solution	ns, Inc		; 27	•
	155 Office Plaza		Suite A		- >	Ī
		P.O. Box NOT a	cceptable		٠.٥	نر
	Tallahassee	FL	3230)1	_ ;5	
The street addresses changed will	ess of its registered office and be identical.	the street addres	ss of the bu	siness office of	its registered a	gent,
Such change wa authorized by th	as authorized by resolution dul he board, or the corporation ha	ly adopted by its s been notified i	s board of d in writing o	lirectors or by an of the change.	n officer so	
s/ Owen St		Ow:		cker, Jr.	Presiden	t
hereby accept further agree of my duties, an locument is bei	the appointment as registered to comply with the provisions of the lam familiar with and accepting filed merely to reflect a chic s been notified in writing of this	inge in the regis	re to act in . rlative to th r of my pos	ed or typed name and this capacity. e proper and co ition as registere e address, I here	mplete perforn ed agent. Or i	rance if this it the
Hod	patitive of Registered Agent	08	3/27/20	20		
Sig	mature of Registered Agent			Date		
f signing on be	chalf of an entity:					
	Assistant Secretary					
ı	yped or Printed Name # * FI	LING FFF C	5 NO * * *			

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)