Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000372703 3)))



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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE TMC DESIGN CORPORATION

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HONOR ORIGINAL DATE 10-05-2021

From: Ranae McGraw

850-617-6381

10/6/2021 9:41:03 AM PAGE 1/001 Fax Server



October 6, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

TMC DESIGN CORPORATION 4325 DEL REY BLVD. LAS CRUCES, NM 88012US

SUBJECT: TMC DESIGN CORPORATION

REF: F20000001670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If the corporation is a PROFIT corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

FAX Aud. #: H21000372703 Letter Number: 021A00024240

HONOR ORIGINAL DATE 10-05-2021

Ву:

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org	anized under the laws of the State of $rac{N}{2}$	lew Mexico
	er to change its registered office or regi		orida.
L. The name of	the corporation: TMC DESIGN CORPO	DRATION	
2. The principal	office address:		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/02/2020	Document number: F2000000	1670
	d street address of the current registered atment of State: (If resigned, enter resigned,		b the
	PETROW, EDWARD V		
	544 WILMINGTON CIR.		
	OVIEDO, FL 32765		
6. The name an (if changed):	d street address of the new registered at	gent (if changed) and /or registered offi	ce
	1200 South Pine Island Road	Box NOT acceptable	
	Plantation, Florida 33324		
The street addr	ess of its registered office and the stre I be identical.	et address of the business office of its	registered agent,
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an contified in writing of the change.	officer so
Assal Kh	10STaVI Date: 2021 06:16 18:17.11 07:00	Assal Khosravi, Director/Associate	General Counsel
Signan	nie of an officer or director	Printed or typed name and titl	
of my dutiës, ai document is he	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the oing filed merely to reflect a change in is been notified in writing of this change in System.	bligation of my position as registered the registered office address, I hereb	as e nt-Or. if this
/s/ Denis	·	4/12/2021	0007
	gnature of Registered Agent	Date	-6 -6
If signing on be	ehalf of an entity:		E P
Denise Bell/Vic	e President		
7	Typed or Printed Name		1 1:31 STATE LORID
	* * * FILING	FEE: \$35.00 * * *	78 G3