

F22 00000045

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*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  
TORY HARRIS BUSINESS SERVICES, INC.

Certificate of Status	0
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: TORRY HARRIS BUSINESS SERVICES, INC.  
Name of Corporation

DOCUMENT NUMBER: F22000000045

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:

JEROME  
Name of Contact Person

Firm/Company

784 S. CLEARWATER LOOP

Address

POST FALLS, ID 83954

City/State and Zip Code

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

For further information concerning this matter, please call:

JEROME at ( 509 ) 768-2249  
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

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 TALLAHASSEE, FL

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

1. The name of the corporation: TORRY HARRIS BUSINESS SERVICES, INC.  
2. The principal office address: 7901 4th St N STE 300  
ST. PETERSBURG, FL 33702

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/27/2021 Document number: F22000000045

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)  
CHANDER, RAVI  
345 BAYSHORE BLVD. UNIT 1213  
TAMPA, FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
NORTHWEST REGISTERED AGENT, LLC  
7901 4TH ST. N STE 300  
P.O. Box NOT acceptable  
ST. PETERSBURG, FL 33702

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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.

[Signature] Signature of an officer or director Ravi Chander / CH 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 02/28/2023 Date

If signing on behalf of an entity:  
Taylor Newman / Assistant Manager  
Typed or Printed Name

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