

F23 000005203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

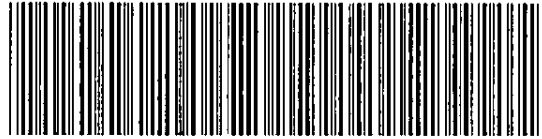
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 23 2024

Office Use Only



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RECEIVED

2024 SEP 20 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 SEP 20 AM 10:08
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/20/2024

****WALK IN****

ENTITY NAME TUSHIE-MONTGOMERY ASSOCIATES CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

E. R. J. J.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TUSHIE-MONTGOMERY ASSOCIATES, CORP.
Name of Corporation

DOCUMENT NUMBER: F23000005203

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:

JOELLE CHURIK

Name of Contact Person

URS AGENTS, LLC

Firm/Company

3675 CRESTWOOD PARKWAY

Address

DULUTH, GA 30096

City/State and Zip Code

sop@ursagents.com

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

For further information concerning this matter, please call:

JOELLE CHURIK

Name of Contact Person

at (800) 567-4397

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

1. The name of the corporation: TUSHIE-MONTGOMERY ASSOCIATES, CORP.
2. The principal office address: 7645 LYNDAL AVE SOUTH, MINNEAPOLIS, MN 55423
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/11/2023 Document number: F23000005203
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)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

URS AGENTS, LLC

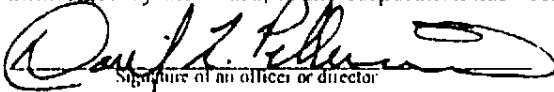
3458 LAKESHORE DR.

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

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 of an officer or director

DANIEL LEE PELLINEN, SECRETARY

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 of Registered Agent

9/19/2024
Date

If signing on behalf of an entity:

JOELLE CHURIK, ASST. SECRETARY

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)

FILED
2024 SEP 20 AM 10:09