F95000005625

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	 -
(Cit	ty/State/Zip/Phone	e #)
_	_	
: PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Filing Officers	
Special Instructions to	Filing Officer;	
		İ

Office Use Only



500319874515

11/01/18--01013--032 **105.00



COVER LETTER

TO: An

Amendment Section Division of Corporations

.c.. TAMPA BAY TIMES FUND, INC.

Name of Corporation

F9500005625

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:



Name of Contact Person

TIMES PUBLISHING COMPANY

Firm/Company

490 FIRST AVENUE SOUTH

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

andy.corty@tampabay.com

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

For further information concerning this matter, please call:

Andrew Corty

 $_{\rm at}$ / \angle /

893-8204

2018 NOV - 1 PAY 168 BILL

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA cred agent, or both, in the State of Florida.	
		•	
1. The name of t	he corporation: TAMPA BAY TIME	JE SOUTH, ST PETERSBURG, FL 33	
2. The principal	office address: 4901 INST AVENC	JE 300111, 31 PETEKSBOKG, PE 33	701
3. The mailing a	ddress (if different): SAME AS AB	OVE	
4. Date of incorp	poration/qualification: 11/17/1995	Document number: F95000005625	
	I street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the d)	
	RESIGNED		
		201	
			z
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	
	ANDREW CORTY		٠,
	490 FIRST AVENUE SOUTH		
	P.O. Box NOT	·	
	ST. PETERSBURG, FL 3370		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agen	it,
Such change wa authorized by th	is authorized by resolution duly adopted he board for the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.	
Tan		Paul Tash, Chairman of the Board	
I hereby accept I further agree to performance of	te of an officer of director the appointment as registered agent and o comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refle that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity. ttes relative to the proper and complete coept the obligation of my position as registered ect a change in the registered office address, I writing of this change.	
Cer	colul Colis	Sept. 27, 2018	
If signing on be	half of an entity:) Date	
	·		
Ty	ped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)