

G36855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T.M.P. MANAGEMENT CORPORATION
Name of Corporation

DOCUMENT NUMBER: G36855

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:

KEVIN POTAPOW

Name of Contact Person

TMP MANAGEMENT CORPORATION

Firm/Company

17890 SOUTH US HWY 441

Address

SUMMERFIELD, FL 34491

City/State and Zip Code

tmpmanagement@embarkmail.com

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

For further information concerning this matter, please call:

KEVIN POTAPOW

Name of Contact Person

at (352)

347-8440

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2009

KEVIN POTAPOW
TMP MANAGEMENT CORPORATION
17890 SOUTH US HWY 441
SUMMERFIELD, FL 34491

SUBJECT: T.M.P. MANAGEMENT CORPORATION
Ref. Number: G36855

We have received your document for T.M.P. MANAGEMENT CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

PLEASE NAME THE NEW REGISTERED AGENT IN PART 6 OF THE FORM.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 509A00035706

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

1. The name of the corporation: T.M.P. MANAGEMENT CORPORATION
2. The principal office address: 17890 SOUTH US HWY 441
SUMMERFIELD, FLORIDA 34491
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 9/30/1986 Document number: _____
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)

MICHAEL G. POTAPOW

1330 WEST CITIZENS BLVD.

LEESBURG, FLORIDA 34748

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

17890 SOUTH US HWY 441

SUMMERFIELD, FLORIDA 34491

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 21 AM 10:01

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

MICHAEL G. POTAPOW
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

11-22-09
Date

If signing on behalf of an entity:

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 (8/05)