

G56697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

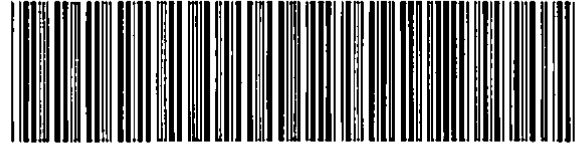
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DIVISION OF CORPORATION
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2019

CHARLES FUELLGRAF
10251 METRO PARKWAY
STE. 118
FORT MYERS, FL 33966

SUBJECT: TECHNICAL MANAGEMENT ASSOCIATES, INC.
Ref. Number: G56697

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00016493

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TECHNICAL MANAGEMENT ASSOCIATES
Name of Corporation

DOCUMENT NUMBER: G56697

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:

CHARLES FUELLGRAF
Name of Contact Person

TECHNICAL MANAGEMENT ASSOCIATES
Firm/Company

10251 METRO PARKWAY, SUITE 118
Address

FORT MYERS, FL 33966
City/State and Zip Code

CHUD.FUELLGRAF@FUELLGRAF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES FUELLGRAF at (724) 282-4800 x123
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

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: TECHNICAL MANAGEMENT ASSOCIATES
2. The principal office address: 10251 MOTOR PARKWAY, SUITE 118
FORT MYERS, FL 33966
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/24/83 Document number: G56697
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, FLORIDA 33324

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

CHARLES FUELLGRAF
10251 MOTOR PARKWAY, SUITE 118
FORT MYERS, FL 33966
P.O. Box NOT acceptable

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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

CC FUELLGRAF, CEO
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

8/26/19
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 (03/12)