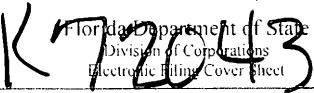
9/12/22, 11:48 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. * Tropics

Email Address:___

REGISTERED AGENT CHANGE TILLER - SHERMAN, INC.

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A. BUTLER

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TILLER - SHERMAN, INC. Name of Corporation			
DOCUMENT NUMBER: K72043			
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:			
Phyllis Isbell			
Name of Contact Person			
TILLER - SHERMAN, INC.			
Firm/Company			
6262 STRASBOURG DR.			
Address			
CORPUS CHRISTI, TX 78414			
City/State and Zip Code			
disbell7@comcast.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			

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

Name of Contact Person

URS AGENTS C/O LAUREN JOHNSON

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

at (800) 567-4397
Area Code & Daytime Telephone Number

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FU error to change its registered office or registered ogent, or both, in the State of Florida.	
	the corporation: TILLER - SHERMAN, INC.	
2. The principal	office address: 6262 STRASBOURG DR, CORPUS CHRISTI, TX 78414	
3. The mailing a	address (if different): MIGUEL SHERMAN, P.O. BOX 10900, ALBUQUERQUE, NM 87184	
	poration/qualification: 03/10/1989 Document number: K72043	
5. The name and	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned) JAMES O FERGESON, JR	
	JAMES O FERGESON, JR	,
	1515 RINGLING BLVD #1000 577 C2	t
	SARASOTA, FL 34236	
6. The name and (if changed):	SARASOTA, FL 34236 i street address of the new registered agent (if changed) and /or registered office	
	URS AGENTS INC.	
	3458 LAKESHORE DR	
	P.O. Box NOT acceptable	
	TALLAHASSEE, FL 32312	
The street addre is changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer so le board, of the corporation has been notified in writing of the change.	
Signator	Mysel Sherman President Will an officer or director Printed or typed name and title /	
hereby accept further agree to fmy duties, and accument is ben- corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d l am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.	
Kain	CN 141/2022	
_	nalf of an entity:	
_ -		
	SON, ASST, SECRETARY Tod or Printed Name	