## L69002

(Pag	uestor's Name)	
(Red	juestors ivame)	
	<del> </del>	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
·	•	ŕ
(Doc	cument Number)	<del></del>
(500	,	
Cadified Casina	0-464	-£ C\-\
Certified Copies	Certificates	or Status
Special Instructions to F	iling Officer:	
		ı





500302157485

08/14/17--01019--020 \*\*35.00

2917 AUG ILL P 2 01
SECRETARY OF STATE
ALL ARASSEE FLOORS

AUG 2 1 7017 7. 1 ENNEUS.



## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Tee Pee Tire, Inc. need to change address
Name of Corporation

DOCUMENT NUMBER: L69002

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:

Sharon Perzy

Name of Contact Person

Tee Pee Tire, Inc.

Firm/Company

2040 N. Pine Ave

Address

Ocala, Fl. 34475

City/State and Zip Code

sheri@teepeetire.net

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

For further information concerning this matter, please call:

Sharon Perzy

Name of Contact Person

at (352 ) 427-0540

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 chan	ge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida pration organized under the laws of the State of fice or registered agent, or both, in the State of .	Florida
1. The name of th	ne corporation: Tee Pee	Tire, Inc.	
2. The principal of	office address: 2040 N. F	Pine Avenue, Ocala, Fl. 34475	
3. The mailing ad	ldress (if different):		
4. Date of incorpo	oration/qualification:	Document number: L6900	)2
	street address of the current ment of State: (If resigned, o	t registered agent and registered office on file wenter resigned)	ith the
_	Sharon Perzy		
_	10800 SW 91st Ave	;	
-	Ocala, Fl. 34481		
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /or registered of	fice
	Sharon Perzy		
· -	2040 N. Pine Avenu	ie TALE	
( -	Ocala, Fl. 34475	P.O. Box NOT acceptable	ANG THE
The street addres as changed will b	s of its registered office an e identical.	nd the street address of the business of lited of it	s registe <b>red a</b> gent,
Such change was authorized by the	authorized by resolution deboard, or the corporation l	duly adopted by its board of directors or by an has been notified in writing of the change	officer so
Sharo	W POZZY.	Sharon Perzy, Sec. Trea	as
I hereby accept to I further agree to performance of n agent. Or, if this	he appointment as registere comply with the provision by duties, and I am familian document is being filed me	red agent and agree to act in this capacity, as of all statutes relative to the proper and con r with and accept the obligation of my position erely to reflect a change in the registered officen notified in writing of this change.	iplete i as registered
Sharo	W Dezzy ture of Registered Agent	Aug 10, 2017	
If signing on beha	alf of an entity:		
Sharon	PEV3U.		

\* \* \* FILING FEE: \$35.00 \* \* \*