| (Requestor's Name) | |
|---|--------------------------|
| (Address) (Address) | 500319192725 |
| (City/State/Zip/Phone #) | |
| | 10/04/1801015008 ★+35.00 |
| (Business Entity Name) | |
| (Document Number) | 1007 - L |
| Certified Copies Certificates of Status | HI 2 |
| Special Instructions to Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Can Dandan Name of Corporal Conde Much MASSOCIAT SUBJECT:

document number: NO1598

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:

JOSE termander Name of Contact Person udeles Can Daulen 400 NE Address 333 City/State and Zip Code \overline{CSE}_{6} \overline{COM}_{16} \overline{COM}_{15} \overline{COM}_{16} \overline

For further information concerning this matter, please call:

at (<u>454</u>) <u>610</u> <u>105</u> 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

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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 $\underline{-7400010}$ A |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida |
| |
| 2. The principal office address: <u>2400 NE 33ND AUE</u> INC 7T. I AUDRICELE FL 33305 |
| -77 LAURINGEUR 7 L 23303 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: $(13 - 13 - 1984)$ Document number: $NO / 39 $ |
| 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) |
| TMG MANAGEMENT |
| 3303 W Commercial Suite 170 G |
| Fort fauludale, FL 33309 |
| TON Faulthoule, TE 5509 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Steve O'CONVEIL) |
| 2400 NE 33 + DAVE |

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

P.O. Box: NUT acceptable.

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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. The Lange $T_{\rm charge}$ $T_{\rm charge}$ $T_{\rm charge}$ $T_{\rm charge}$ $T_{\rm charge}$ $T_{\rm charge}$ #108 Signature of an officer or director 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.

10-1- 3018 LU Commell

If signing on behalf of an entity:

Typed or Printed Name

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