

N10000006207

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAMPA IMMIGRATION LAW CENTER  
Name of Corporation

**DOCUMENT NUMBER:** N10000006207

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:

Samson Koyonda Esq.

Name of Contact Person

Tampa Immigration Law Center

Firm/Company

8000 N.Armenia Ave STE.F

Address

Tampa FL 33604

City/State and Zip Code

tampaimmigration@gmail.com

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

For further information concerning this matter, please call:

Samson Koyonda

Name of Contact Person

at ( 813 ) 443-0581

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 \_\_\_\_\_ in order to change its registered office ~~or registered agent, or both~~, in the State of Florida.

1. The name of the corporation: Tampa Immigration Law Center Inc.
2. The principal office address: 8000 N. Armenia Ave STE.F Tampa FL 33604
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/01/2010 Document number: N10000006207

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)

Samson Koyonda

1824 W Waters Ave

Tampa FL 33604

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

Samson Koyonda

8000 N. Armenia Ave STE.F

P.O. Box NOT acceptable

Tampa FL 33604

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

Samson Koyonda Esq. President/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.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
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)