N19000003064

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TC 789 ASSOCIATION INC

N19000003064

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:

JEFFREY B IKEN

Name of Contact Person

Firm/Company

13777 E. YUCCA ST.

Address

SCOTTSDALE, ARIZONA 85259

City/State and Zip Code

jeff@ciscomm.com

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

For further information concerning this matter, please call:

JEFFREY IKEN

Name of Contact Person

at (314)503-8888 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

		517.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA
	•	registered agent, or both, in the State of Florida.
1. The name of	the corporation: TC 789 ASS	OCIATION INC
2. The principal	office address: 13777 E. YU	CCA ST.
	SCOTTSDA	LE, ARIZONA 85259
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 3/08/20	19
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	JEFFREY B. IKEN	
	13777 E. YUCCA ST.	
	SCOTTSDALE, ARIZO	
6. The name and street address of the new registered agent (if changed) and /or registered/office (if changed): EARLE JOHNSTON		
	EARLE JOHNSTON	
	4261 SW MARTIN HIG	HWAY E E
	PALM CITY, FL.34990	Box NOT acceptable
		-
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Sound	of an extreer or director	JEFFREY B. IKEN-PRESIDENT Printed or typed name and title
I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address. I
_ al	Shout	5/1/2019
	nature of Registered Agent	Date
	half of an entity:	
EARLE JO	HNSTON yped or Printed Name	
•	/ F	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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