

N 190000 11741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

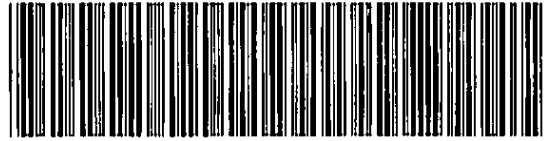
(Business Entity Name)

(Document Number)

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JUN 17 2020  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OFFICER'S NAME CHANGE  
Name of Corporation

**DOCUMENT NUMBER:** N19000011741

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:

FELECIA RAMBERT

Name of Contact Person

T C MISSION INC

Firm/Company

12669 BELCROFT DR

Address

RIVERVIEW FL 33579

City/State and Zip Code

TCMISSION@BNJREPAIRS.COM

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

For further information concerning this matter, please call:

FELECIA RAMBERT at (863) 425-3305  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: T C MISSION INC
- 2. The principal office address: 1100 KINGSFORD CIRCLE  
MULBERRY, FL 33860
- 3. The mailing address (if different): PO BOX 1437, MULBERRY, FL 33860
- 4. Date of incorporation/qualification: 01/01/2020 Document number: N19000011741
- 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)

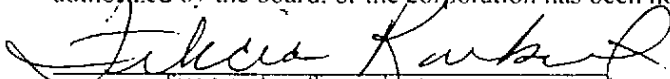
BARRY RAMBERT SR  
12669 BELCROFT DR  
RIVERVIEW FL 33579

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- BARRY RAMBERT  
12669 BELCROFT DR  
RIVERVIEW FL 33579

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

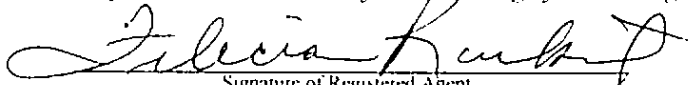
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

FELECIA RAMBERT, SECRETARY  
 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

MAY 27, 2020  
 Date

If signing on behalf of an entity:  
FELECIA RAMBERT  
 Typed or Printed Name

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