

N20 0000000676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

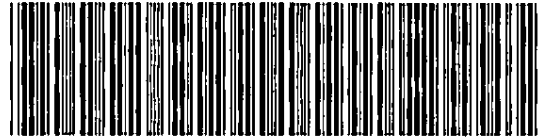
(Business Entity Name)

(Document Number)

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2021 OCT 4 PM 3:24  
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TALLAHASSEE, FL

Oct 11, 2021

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tyrone Villas Incorporated  
Name of Corporation

DOCUMENT NUMBER: N20000000676

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:

Doreen Hathaway  
Name of Contact Person

Tyrone Villas Inc.  
Firm/Company

7839 38th PL. N.  
Address

St. Petersburg FL 33709  
City/State and Zip Code

Tyronevillas55@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doreen Hathaway at ( 727 ) 381-2074  
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: Tyrona Villas Incorporated
2. The principal office address: 7839 38th PL N.  
St. Petersburg, FL 33709
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/21/2020 Document number: 120000000676
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)

Professional Bayway Management  
10033 Dr. Martin Luther King ST. N. #300  
St. Petersburg FL 33716

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

Damon Hathaway  
7839 38th PL N.  
St. Petersburg FL 33709

P.O. Box NOT acceptable

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.

Marsha Pognut  
Signature of an officer or director

V. CHAIR  
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]  
Signature of Registered Agent

9/29/2021  
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