

N220000003174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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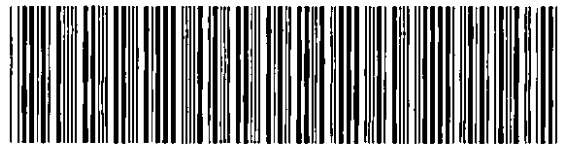
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thriving Outlook for Prospering Seniors INC
Name of Corporation

DOCUMENT NUMBER: N22000003174

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:

Nichole Blake-Little
Name of Contact Person

Thriving Outlook for Prospering Seniors INC
Firm/Company

2578 Limerick Circle
Address

Grand Island, FL 32735
City/State and Zip Code

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

For further information concerning this matter, please call:

Nichole Blake-Little at (352) 870-3439
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

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of the corporation: Thriving Outlook for Prospering Seniors Inc
2. The principal office address: 1101 Lake Harris Dr. Tavares, FL 32778
3. The mailing address (if different): 2578 Limerick Circle Grand Island, FL 32735
4. Date of incorporation/qualification: 3/19/22 Document number: N22000003174
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)

Christina Goodwin

2578 Limerick Circle

Grand Island, FL 32735

(resigned)

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

Janice Anthony

17085 SE 282nd CT

P.O. Box NOT acceptable

Umatilla, FL 32784

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.

Mr

Signature of an officer or director

Nichole Blake - Little

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.

Janice M. Anthony

Signature of Registered Agent

10-28-2024

Date

If signing on behalf of an entity:

Nichole Blake - Little

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