(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP		
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	s.	





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05/31/34--01022--005 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Tailor Legacy Foundation Inc. Name of Corporation	
DOCUMENT NUMBER: N23000008752	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Nikki Steen	
Name of Contact Person	
LegalFilings.com, Inc.	
Firm/Company	
20700 Ventura Blvd., Suite #235	
Address	
Woodland Hills, CA 91364	
City/State and Zip Code	
tailor2426@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Nikki Steen	at (818 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (818) 380-1940 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, etion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.	this
	the corporation: The Tailor Leg		
		ay Dr., Fernandina Beach, FL 32034-6166	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/19/20	Document number: N23000008752	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the iter resigned)	
	UNITED STATES CORPORA	TION AGENTS INC.	
	476 Riverside Ave., Jacksonvil	le, FL 32202	702
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	T 2
	Registered Agents Inc.)
	7901 4th Street N., Ste. 300, St	. Petersburg, FL 33702	21
		P.O. Box NOT acceptable	
		the street address of the business office of its registe	
Such change was authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer s as been notified in writing of the change.	Ю
		Bhavna Tailor	
I hereby accept I further agree of my duties, an document is bei	the appointment as registered to comply with the provisions at I am familiar with and acceding filed merely to reflect a chies been notified in writing of the	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete pe pt the obligation of my position as registered agent, ange in the registered office address, I hereby confir is change.	rformance Or, if this m that the
\Box	avid Soerts	May 22, 2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Ro	berts		
η	yped or Printed Name		
	* * * FI	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)