N97000000168

, Requester's Name		- <u>-</u> .			
Address		OI JUI			
City/State/Zip Phone #		AHASSEE.			
P.O.	(endall Dr. & S.W. 137th Box 830010 mi, FL 33283-0010	Only ORIDA Ave.			
(Corporation Name)	(Document #)	8000043404088 -06/04/0101122013 ******35.00 ******35.00			
(Corporation Name)	(Document #)	**************************************			
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #)	☐ Certified Copy ☐ Certificate of Status			
Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withd Merger REGISTRATION/OU Foreign Limited Partnershi Reinstatement Trademark Other	A., Officer/Director red Agent rawal JALIFICATION			

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of						
Florida Statutes, the undersigne	d registered agent of	of a corporation organiz	zed under the	laws of the		
tate ofsubmits the following statement in order						
to change the registered office i	n Florida.		•			
The name of the corporation	: Total of Flo	orida Holdings 💪	mpony, In	<u> </u>		
2. The street address of the cur	rent registered offic	ce:				
	314 North Ca.	lhoun Street				
	Tallahassee,	Florida 32301	·	AHA		
				SSE ANA		
3. The street address of the nev	w registered office:	·		PM 3: 32 UF STAT E.FLORII		
. <u> </u>	101 North Ga	dsden Street	·	DE:		
	Tallahassee,	Florida 32301		•	-	
-	<u> </u>		····			
The corporation has been notifi						
The street address of the registe agent, as changed, will be idented	ered office and the strict.	street address of the bus	siness office o	of the register	ea.	
Date: 5-08-01						
		Cerald R.	Sternstei	n		
(Signature of Registere	d Agent)			Typed Name)		
1				,		

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314