(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



000015427370

04/07/03--01080--007 ***35,00 **

O3 APR -7 AM 8: 54
SECRETARY OF SIALE

RHd9 CC4 3

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TR Cutter, Inc. (Name of corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Thomas R. Cutler (Name of person)
TR Cut(ex, Inc. (Name of firm/company)
3032 S. Oakland Forest Dr. Scute 2803
Ft Laudrodale, F7 33309 (City/state and zip code)
For further information concerning this matter, please call:
Thomas R. Cutler at 954, 486-7562 (Area code & daytime telephone number)

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed is a \$35.00 check made payable to the Department of State.

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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: TR Cutler, Inc.
2. The principal office address: 3032 S. Bakknd to rest Dr. Suite 7803
CRACA Phota Fort Lauderdale, FL 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: January 11, 7000 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
_ cla Holland + Knight ILP
TOI Brickell Dive. Suite 3000 Mismi, FL 33 57
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): TR Cutter / Thomas R. Cutter
3032 5. Oakland Forest Dr. Suite 2803
Fort banderdale, FC 33309
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, chairman of the board) Thomas K. Cutler, President & CEO (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) (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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