P0000039816

(Requestor's Name) (Address)	100079034291
(Address)	100079034291
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/25/0601013-0013-0013-0013-0013-0013-0013-
Certified Copies Certificates of Status	m € E
Special Instructions to Filing Officer:	

Office Use Only

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TFP Properties, Inc. (Name of Corporation)	
DOCUMENT NUMBER: P00000029810	
The enclosed Statement of Change of Registered Office/Agent and	I fee are submitted for filing.
Please return all correspondence concerning this matter to the following	owing:
G. Alan Howard, Esq.	
(Name of Contact Person	1)
Milam Howard Nicandri Dees & Gillam, F	P.A
14 East Bay Street	
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code	*)
For further information concerning this matter, please call:	
G. Alan Howard at (904 (Name of Contact Person) (Area	357-3660 a Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of Star	ite.
Amendment Section A Division of Corporations D P.O. Box 6327 C	Street Address: Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
	he corporation: TFP Properties, Inc.
	office address: 5011 Gate Parkway, Suite 150, Jacksonville, FL 32256
3. The mailing ac	ddress (if different): 5011 Gate Parkway, Suite 150, Jacksonville, FL 32256
4. Date of incorp	poration/qualification: 3/23/00 Document number: P00000029810
	street address of the current registered agent and registered office on file with the tment of State:
	Milam Howard Nicandri Dees & Gillam, P.A.
	208 North Laura Street, Suite 800
	Jacksonville, FL 32202
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office ALCAL AHADRA Milam Howard Nicandri Dees & Gillam, P.A.
	- 111
	14 East Bay Street P.O. Box NOT acceptable)
	Jacksonville, FL 32202
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Than	re of an officer or director) (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
_ aff	nature of Registered Agent) S-/S-OG (Date)
If signing on bel	
6.1	ALM HOUNED yped or Printed Name)

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