

PO1000028484

(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



200160223352

09/14/09--01018--012 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 14 AM 10:25

Ro/change
@ 9/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T M - ARTS INC
Name of Corporation

DOCUMENT NUMBER: P01000028484

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:

THOMAS R. GALLAGHER
Name of Contact Person

T M - ARTS INC.
Firm/Company

1212 BEN FRANKLIN DR #501
Address

SARASOTA FL. 34236
City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS R. GALLAGHER at (941) 388-2646
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: TM-ARTS INC
2. The principal office address: 101 BEN FRANKLIN DR #33
SARASOTA, FL 34236
3. The mailing address (if different): P.O. Box 3499
SARASOTA, FL 34230-3499
4. Date of incorporation/qualification: 03/20/2001 Document number: P01000028484
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)
- THOMAS R. GALLAGHER
1212 BEN FRANKLIN DR #501
SARASOTA, FL 34236

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

THOMAS R. GALLAGHER
~~101~~ 101 BEN FRANKLIN DR #33
P.O. Box NOT acceptable
SARASOTA, FL 34236

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 14 AM 10:25


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 or director

MARK J. BRILL Secretary
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

9/10/09
Date

If signing on behalf of an entity:

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