## P01000033654

(Re	questor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVED FILED

IN 18 201

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: TROOPS OF TIME INC  Name of Corporation								
DOCUMENT NUMBER: 701000033654								
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:								
TIMOTHY M TYLER  Name of Contact Person								
Name of Contact Person								
TROOPS OF TIME								
TROOPS OF TIME Firm/Company								
2000 FORBES ST								
2000 FORBES ST. Address								
JACKSONNIE F 32204								
JACKSONVILLE FL 32204 City/State and Zip Code								
trought to a large								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
TIMOTHY M TYLER at ( 904 ) 381-6828								
Name of Contact Person at (904) 381 · 6828  Area Code & Daytime Telephone Number								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address:  Amendment Section  Street Address:  Amendment Section								
Division of Corporations  Amendment Section  Amendment Section  Division of Corporations								
P.O. Box 6327 Clifton Building								
Tallahassee, FL 32314 2661 Executive Center Circle								

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

Pursuant to the pastatement of chan in order	•	r a corpora	ation organi	zed under	the laws of th	e State of	FL	ORIDA	_	
1. The name of th	ne corporation:	TROOM	s of	Time .	WC_		····			
2. The principal of	<del></del>									ব্রে
3. The mailing ad	ldress (if different									
4. Date of incorpo	oration/qualificati	on: <u>04</u>	01/2001	Docu	ıment number	: <u>Р</u> Ф	/ OG O	OO 33	654	
	street address of t ment of State: (If				gistered offic	e on file v	vith the	•		
-	Jaca	(20min)	EFL 3	32204		····	_			
6. The name and (if changed):		2000 Fo	TRBES S	3220	ed) and /or re		ffice	SECRETARY OF S TALLAHASSEE, FL	14 OCT 31 AM 3:	FILED
The street addres as changed will be	ss of its registered	office and	I the street a	ddress of	the business	office of i	- ts regi	TATE or ag	5	
Such change was authorized by the	authorized by re board, or the co	solution du rporation h	ily adopted as been not	by its boa ified in wr	rd of director iting of the c	s or by an hange.	office	er so		
Mon	of an officer of director			TIMOT	HY M TY			DENT	<b>-</b> .	
I further agree to performance of n agent. Or, if this	he appointment as comply with the ny duties, and I as document is being the the corporation	provisions m familiar ng filed me	of all statu with and ac rely to refle	tes relativ cept the o ct a chans	e to the prop bligation of i ge in the regis	er and coi ny positio stered offi	n as re	egistered		
Signa	ature of Registered Age	nt	<u></u>		Dε	ite			_	
If signing on beh	alf of an entity:									
Tyj	ped or Printed Name									

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