

PO2000016747

(R)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

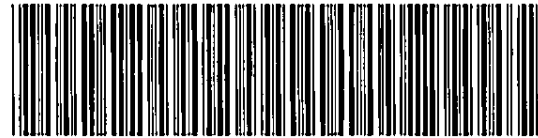
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 30 AM 10:07

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T & N PROPERTIES, INC.
Name of Corporation

DOCUMENT NUMBER: P02000016747

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:

Sean L. Wilson

Name of Contact Person

Law Office of Sean L. Wilson

Firm/Company

1880 N. Congress Ave., Ste. 205

Address

Boynton Beach, Florida 33426

City/State and Zip Code

Sean@SeanLWilson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean L. Wilson

Name of Contact Person

at (954) 575-3360

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

18 OCT 30 AM 10:07

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2018

SEAN L. WILSON
LAW OFFICE OF SEAN L. WILSON
1880 N. CONGREE AVE., STE. 205
BOYNTON BEACH, FL 33426

SUBJECT: T & N PROPERTIES, INC.
Ref. Number: P02000016747

We have received your document for T & N PROPERTIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

OUR RECORDS SHOW JAMES P BULLIS LISTED AS PRESIDENT. NOTE IF YOU ARE AMENDING THE OFFICERS YOU MUST FILE ARTICLES OF AMENDMENT.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 418A00021668

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: T & N Properties, Inc.
2. The principal office address: 8699 Sawpine Road, Delray Beach, Florida 33446
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/01/2010 Document number: P02000016747
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)

James P Bullis

8699 Sawpine Road

DELRAY BEACH, FLORIDA 33446

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

DIANA BULLIS

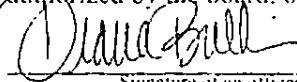
8699 SAWPINE ROAD

P.O. Box NOT acceptable

DELRAY BEACH, FLORIDA 33446

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.

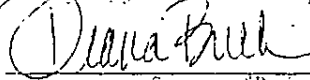


Signature of an officer or director

Diana Bullis, President

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

10/30/18

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

CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 30 AM 10:07