

## P02000017839

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(20	omood Linky . tur	,		
	accompany Nicomban			
OCI)	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		ł		
· · · · · · · · · · · · · · · · · · ·				

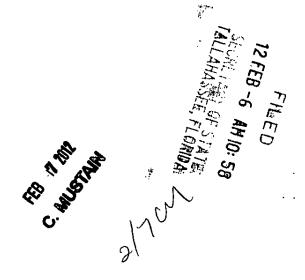
Office Use Only



600219222366

1

02/06/12--01030--026 \*\*35.00



OBJ.

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: TERRA CHEM, INC Name of Corporation					
DOCUMENT NUMBER: P02000017839	· · · · · · · · · · · · · · · · · · ·				
The enclosed Statement of Change of Registered Office/Agent and fee are s	ubmitted for filing.				
Please return all correspondence concerning this matter to the following:					
PIERO R. SOLIMANO					
Name of Contact Person					
TERRA QUEM INO					
TERRA CHEM, INC. Firm/Company	<del></del>				
1 tinz company					
800 BAY CLIFFS ROAD					
Address					
GULF BREEZE, FL. 32561					
City/State and Zip Code	······································				
mlsolimano@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
PIERO R. SOLIMANO et ( 850 )	034-6144				
Name of Contact Person Area Code & I	934-6144 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  Street Add Amendment Division of Clifton Bu	ress: nt Section of Corporations				
	-				

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State r registered agent, or both, in the State	of_FLORIDA
1. The name of	the corporation: TERRA CH	EM, INC.	
	office address: 800 BAY CLIF EEZE, FL. 32561	FS ROAD,	
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification:	Document number:	P02000017839
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	PIERO R. SOLIMANO		
	1100 SHORELINE DRIVE # 219		
	GULF BREEZE, FL. 325	61	IZ FE
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered	
· Λ	PIERO R. SOLIMANO		AMIO:
el mars	800 BAY CLIFFS ROAD	Box NOT acceptable	180 A S
	GULF BREEZE, FL. 3256	•	, 
The street address changed will	ess of its registered office and the	e street address of the business office of	of its registered agent,
· ·		adopted by its board of directors or by been notified in writing of the change.	an officer so
	Augustion or director	PIERO R. SOL	IMANO
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ay to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this a	gent and agree to act in this capacity. all statutes relative to the proper and the obligation of my position as regist ge in the registered office address, I h Change.	complete performance ered agent. Or, if this ereby confirm that the
		1/20/201	2
_	enature of Registered Agent	Date	
PIE	RO R. SOLIMANO yped or Printed Name	-	

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