## 0200007215

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: TCR Holdings, Inc. (Name of Corporation)		
(Name of Corporation)		
DOCUMENT NUMBER: P02000072159		
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:		
Guillermo J. Navarro		
(Name of Contact Person)		
TCR Holdings, Inc.  (Firm/Company)		
(Firm Company)		
649 SW 9th Street, Unit 208		
(Address)		
Miami, FL 33130		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Guillermo J. Navarro at (305) 968-4953		
(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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State oferror to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: TCR Holdings, Inc.
	office address: 649 SW 9th Street, Unit 208
3. The mailing	address (if different): Same as principal office address
4. Date of incor	poration/qualification: 07/02/2002 Document number: P02000072159
	d street address of the current registered agent and registered office on file with the rtment of State:
	Guillermo Navarro
	14712 Balgowan Road
	Miami Lakes, FL 33016
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Guillermo J. Navarro
	649 SW 9th Street, Unit 208
	(P.O. Box NOT acceptable)  Miami, Florida 33130
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signal	Guillermo Navarro, Owner  (Printed or typed name and titte)
of my duties, an document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Conto	August 25, 2007
(Si	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
TCR Holding	
(	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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