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C. Coulliette JUL 2 7 2006

COVER LETTER

(Name of Corporation)

Amendment Section Division of Corporations

TO:

DOCUMENT NUMBER: POZOOO 30/79
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:
Rosemary Troyan (Name of Contact Person)
Troyan, IVC (Firm/Company)
1133 Bal Harbor Blvd #1147 (Address)
Punta Gorda, FL 33950 (City/State and Zip Code)
For further information concerning this matter, please call:
Rosemary Troyan at (941) 505-4100 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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CR2E045 (8/05)

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: TROYAN, TNC.
2. The principal office address: 1/33 Bal Halber Blrd. #1147 Punta, Golda, FL 33950
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/14/2002 Document number: PO2000 88179
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rosemary Troyan
1212 Canvas back et Funta Gorda, FL 33950
6. The name and street address of the new registered agent (if changed) and /or registered office
Rosemary Troyan 1133 Bal Halber Blvd. #1147 (P.O. Box NOT acceptable) Punta Lolda, Fl 33950
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 comporation has been notified in writing of the change. Resembly Troyen, Pres. (Signature of an officer of director) (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) (Date)
If signing on behalf of an entity:
(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 * * *