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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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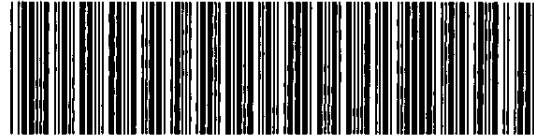
(Business Entity Name)

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DIVISION OF REVENUE
STATE OF MISSISSIPPI

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TUSCAN WAY, INC.

Name of Corporation

DOCUMENT NUMBER: P03000011151

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:

NICOLA SIMONE

Name of Contact Person

Firm/Company

7601 E. TREASURE DR.

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

LFORD@ALAYONLAW.COM

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

For further information concerning this matter, please call:

LUKE FORD

Name of Contact Person

at (305) 221-2110

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

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DIVISION OF CORPORATIONS



ALAYON & ASSOCIATES, P.A.

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Admitted to Practice in FL, U.S. Dist. S.D. Fla.

June 30, 2016

Via U.S. Certified Mail
RRR: 7015 3010 0000 9517 5163
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re.: Tuscan Way, Inc.

To whom it may concern,

Please find the enclosed check in the amount of \$35.00, for the change of registered agent for Tuscan Way, Inc.

Sincerely,

/s/ Luke Ford
Luke G Ford, Esq.

16 JUL 1 11 09 AM
TALLAHASSEE, FL 32314
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

**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: TUSCAN WAY, INC.
2. The principal office address: 7601 E. TREASURE DR., NORTH BAY VILLAGE, FL 33141

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/22/2003 Document number: P03000011151

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)

NICOLA SIMONE
7601 E. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141


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

A&A REGISTERED AGENT, INC.
135 SAN LORENZO AVE., STE. 820
P O Box NOT acceptable
CORAL GABLES, FL 33146

16 JUL -3 11 53
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

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

NICOLA SIMONE
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

6-30-16
Date

If signing on behalf of an entity:

Typed or Printed Name

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