

PO3000072719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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10/12/2015
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TALLAHASSEE, FL
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TDM Consulting, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000072719

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:

Thomas D Martin

Name of Contact Person

TDM Consulting, Inc.

Firm/Company

1713 Whittling Ct.

Address

Fort Myers, FL 33901

City/State and Zip Code

dean@tdmconsulting.com

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

For further information concerning this matter, please call:

Dean Martin

Name of Contact Person

at (239) 433-4231

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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TDM Consulting, Inc.
2. The principal office address: 43 Barkley Cir., Suite 200, Fort Myers, FL 33907
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P03000072719
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)

Dean Martin

10863 Stonington Ave.

Fort Myers, FL 33913

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

Thomas Dean Martin

1713 Whittling Ct

P.O. Box NOT acceptable

Fort Myers, FL 33901

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.

Thomas Dean Martin
Signature of an officer or director

Thomas Dean Martin

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.

Dean Martin

Signature of Registered Agent

10/09/2015

Date

If signing on behalf of an entity:

Dean Martin

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)