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TALLAHASSEE FLORINA



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Tilda Inc.  (Name of Corporation)
DOCUMENT NUMBER: P03000126470
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:
Matilda R. Morris (Name of Contact Person)
Tilda Inc. (Firm/Company)
PO Box 111315 (Address)
(Address)
Naples, FL 34108 (City/State and Zip Code)
For further information concerning this matter, please call:
Matilda R. Morris  (Name of Contact Person)  at (239) 287-1617 (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 chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: Tilda Inc.
	office address: 540 Orchid Dr, Naples, FL 34102
3. The mailing ad	Idress (if different): PO Box 111315, Naples, FL 34108
4. Date of incorpo	oration/qualification: 11/05/03 Document number: P03000126470
5. The name and : Florida Departs	street address of the current registered agent and registered office on file with the ment of State:
<u>.</u>	Sarah Titus
	262 Sawgrass Ct.
	Naples, FL 34110
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office
<u>.</u>	Sarah Titus
<u>.</u>	540 Orchid Dr.
	(P.O. Box NOT acceptable)  Naples, FL 34102
-	es of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Matilda	Morris Matilda R. Morris President  (Printed or typed name and title)
I further agrée to of my duties, and document is bein	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 if I am familiar with and accept the obligation of my position as registered agent. Or, if this is gifted merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Haral	nature of Registered Agent)  (Date)
If signing on beh	
(Ту	ped 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 \* \* \*