## 103000126546

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
:		,		
		į		
		,		

Office Use Only



700143445387

02/17/09--01016--009 \*\*35.00

KA Roch

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2009

YARELY MARRERO TLC SUPPORTS UNLIMITED, INC. 14244 TURNING LEAF DRIVE ORLANDO, FL 32828

SUBJECT: TLC SUPPORTS UNLIMITED INC.

Ref. Number: P03000126546

We have received your document for TLC SUPPORTS UNLIMITED INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign form in space provided below. (Yarely Marrero)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 709A00005818

SECRETARY OF STATE TALL AHASSEE, FLORIDA

2009 MAR -2 AM 8: 00.

RECEIVED

men in garage as as a

## COVER LETTER

TO:	Amendment Section Division of Corporations	•			
SUBJI	ECT: TLC Supports Unlimited, Inc. (Name of Control	Corporation)			
DOCU	MENT NUMBER: 403000 12	26546			
The en	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.			
	return all correspondence concerning this matte				
	,	Š			
Yarely Marrero					
	Yarely Marrero (Name of Contact Person)				
	TLC Suppor	ts Unlimited, Inc. ompany)			
	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
14244 Turning Leaf Drive (Address)					
	(Add	lress)			
Orlando, FL 32828 (City/State and Zip Code)					
For fur	her information concerning this matter, please	•			
1 01 1411	mormation concerning this matter, please	can.			
	Yarely Marrero (Name of Contact Person)	at ( 407 ) 230-2290 (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35.00 check made payable to the Depar	tment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Amenament Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: TCC Supports Unlimited Inc. 2. The principal office address: 1219 Show Dr., Orlando, FC.	<u>.</u> 32828
3. The mailing address (if different): P.O. Box 781601, Orlando Fo	L 32878
4. Date of incorporation/qualification: 11/15/2003 Document number: P0300126	546
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)	
Ada Gomez	<b>e</b> .
1219 Show Drie	SECR
Orlando, FL 32828	SECRETARY OF COL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PH 2:
Yarely Marrero	OS OS
14244 Turning Leaf Dr.  (P.O. Box NOT acceptable)	
Onando, FL 32828	
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	ed agent,
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.	<b>,</b>
(Signature of anothicer or director)  (Signature of anothicer or director)  (Printed or typed name and title)	Directo
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent. Concept the obligation of the proper address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this 1 that the
(Signature of Registered Agent)  (Signature of Registered Agent)	
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

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