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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thomas Mullen Inc
Name of Corporation

DOCUMENT NUMBER: P04000164018

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 Mullen
Name of Contact Person

Thomas Mullen Inc
Firm/Company

1901 SW 15 PL
Address

Deerfield Bch FL 33442
City/State and Zip Code

tomfmullen@aol.com

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

For further information concerning this matter, please call:

Thomas Mullen / Pres at (954) 263 2984
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

THOMAS MULLEN
THOMAS MULLEN INC
1901 SW 15 PL
DEERFIELD BEACH, FL 33442

SUBJECT: THOMAS MULLEN INC.
Ref. Number: P04000164018

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 017A00019955

RECEIVED
17 OCT 31 AM 2:56
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, 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: Thomas Mullen, Inc.

2. The principal office address: 1901 SW 15th Place, Deerfield Beach, FL 33442

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/01/2005 Document number: P04000164018

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)

Natalie M. Adams, P.A. (RESIGNED)

1640 W. Oakland Park Blvd., #303

Fort Lauderdale, FL 33311

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

Thomas F. Mullen, Jr.

1901 SW 15th Place

P.O. Box NOT acceptable

Deerfield Beach, FL 33442

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 F. Mullen Jr.
Signature of an officer or director

Thomas F. Mullen Jr., President

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.

Thomas F. Mullen
Signature of Registered Agent

October 20, 2017

Date

If signing on behalf of an entity:

Thomas F. Mullen, Jr.

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)

FILED
17-06T-31 PM-3-12

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS