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(Requestor's Name)	_
_	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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ALLAHASSEE, FLORIG,

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: T&G Clips Trc. (Name of Corporation)
DOCUMENT NUMBER:
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:
JoHN Nowell (Name of Contact Person)
(Name of Contact Person)
J&G Clips DNC. (Firm/Company)
(Firm/Company)
8066 MONIER WAY
(Address)
ORCANDO FL. 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 822-7502 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 ofFlexida_
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: T&G Clips, INC.
2. The principal office address: 8066 MONIER WAY
2. The principal office address: 8066 MONIER WAY ORLANDO FL 32835
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-14-2005 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Florida Department of State: Legal Zoom. com Inc. PER T
Florida Department of State: Legal Zoom. com Tre Form Too ARRY STATE Hollywood, CA. Goozs Form Too Hollywood, CA. Goozs
Hollywood, CA. Goozs
To requoed A. 10028
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John Nowell
P.O. Box NOT acceptable) OPLANDO F1. 32835
(P.O. Box NOT acceptable)
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.
John Nowell John Nowell
Signature of an officer or director) (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.
Market Ma
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
John Nowell
(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 (8/05)