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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TIA CLYSTAL DESIGNS, INC (Name of corporation)
DOCUMENT NUMBER: POSOOOOS1486
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:
JONATHAN MENDEL (Name of contact person)
TIA CLYSTAL DESTENS, INC. (Firm/Company)
10129 SONTHERN BLVD
(Address)
(City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (305) 323/278 (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
409 E. Gaines Street
Tallahassee, FL 32399

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

-	provisions of sections 607 age is submitted for a cor						_	
in_order	to change its registered	office or registe	red agent, (or both,	in the St	ate of Flo	rida.	
1. The name of the	ne corporation:	TIA CA	MSTAL	QES11	(<u> </u>	INC		
2. The principal of	office address:	10129	SOUTH	tern	Ky &) _{• ,}		
		- ANA	MAM.	FL	.	34 //		
3. The mailing ad	ldress (if different):		AS A	POOYE		<u> </u>		
			W.			4		 ,
_	oration/qualification:f	_						86
5. The name and Florida Departs	street address of the curr ment of State:	ent registered ag	ent and reg	gistered o	office on	file with	the	
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6. The name and (if changed):	street address of the new	registered agent	t (if change	d) and /d	or registe	ered office	FSTAT	
		HAN MENO			<u> </u>	<u> </u>	2	
_	<i>?</i> o,	29 Sout	HERN E	BLUD				
-		AL PALM	FL	33	411			
The street address as changed will be	ss of its registered office be identical.	and the street a	address of t	he busit	ness offi	ce of its r	egistered a	gent,
Such change was authorized by the	s authorized by resolution by arg, or the corporati	on duly adopted on has been not	by its boar ifted in wr	rd of dir iting of	ectors o	r by an of	ficer so	
- J. Mun (Signature	or an otticer of director)		101201	h ATA	AN M		· VKĒ	14ES 10ENT
	he appointment as regis o comply with the provis I I am familiar with and g filed merely to reflect been notified in writing	tered agent and ions of all statu accept the obliv a change in the of this change.	l agree to d tes relative gation of m registered	nct in thi to the p ny positi l office o	is capac proper a on as re address,	ity ind compl gistered o I hereby	lete perform igent, Or, i confirm tha	iance f this t the
Sion	Mumbel nature of Registered Agent)	· • • • • • • • • • • • • • • • • • • •	' - <u>· · · · · · · · · · · · · · · · · · </u>	بالال	(<u>)</u>	, 200	<u> </u>	<u> </u>
If signing on beh	alf of an entity:				(Date)			
Jon THAN ME	mon - 11A Chast	AL DET/6-3	WC.					

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