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COVER LETTER

Division of Corporations
SUBJECT: TDA + ASSOCIATES, NC. (Name of Corporation)
DOCUMENT NUMBER: P050000 53065
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:
TOSHTA Davmmond (Name of Contact Person) TDA & Associates, he (Firm/Company) 320 S. State Rd. 7 Stuttl 200
(Address)
Lan tateur, Fr 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Confact reison) (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 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 <u>170 n i pa</u> in order to change its registered office or registered agent, or both, in the State of Florida. ssociates I. The name of the corporation: 2. The principal office address: antation The mailing address (if different): 05/2005 cument number: P050000 5306 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): anlation 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. Thereby 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 perely to reflect a change in the registered office address, I hereby confirm that the corporation has been potified in writing of this change.

If signing on behalf of an entity:

The SHLA Daymond
(Typed or Printed Name)

re of Registered Agent

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