

P05000076171

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TLCC SERVICES CORPORATION  
(Name of corporation)

**DOCUMENT NUMBER:** P05000086171

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:

CLAUDIA CIFALI  
(Name of contact person)

TLCC SERVICES CORPORATION  
(Firm/Company)

801 SOUTHERN CREEK DRIVE  
(Address)

JACKSONVILLE FL 32259  
(City/state and zip code)

For further information concerning this matter, please call:

CLAUDIA CIFALI at (954) 554-0829  
(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**

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: TLCC SERVICES CORPORATION
2. The principal office address: 801 SOUTHERN CREEK DRIVE  
JACKSONVILLE, FL - 32259
3. The mailing address (if different): 909 SW 15 ST APT 502 -  
POMPANO BEACH, FL - 33060
4. Date of incorporation/qualification: 06-11-2005 Document number: P05000086171
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CRISTINA O. DE PAULA  
3300 N. PALM AIRE DR # 203  
POMPANO BEACH, 33069

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

ROBERT DASILVA  
- 2651 GRANT ST.  
HOLLYWOOD, FL. 33020

(P.O. Box NOT acceptable)

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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.

(Signature of an officer or director)

(Printed or typed name and title)

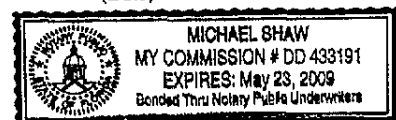
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)



*Michael Shaw*

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