

P05000109907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

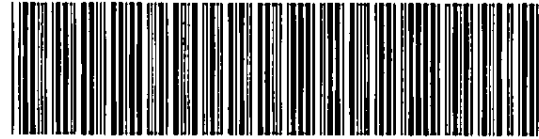
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

JQ 10/27/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tomlinson Corporation
Name of Corporation

DOCUMENT NUMBER: P05000109907

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:

Teri Tomlinson

Name of Contact Person
Tomlinson Corporation

Firm/Company
21624 Sullivan Ranch Blvd

Address
Mount Dora, FL 32757

City/State and Zip Code
ttmlinson49@gmail.com

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

For further information concerning this matter, please call:

Teri Tomlinson at (407) 383-2002
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Tomlinson Corporation

2. The principal office address: 21624 Sullivan Ranch Blvd., Mount Dora, FL 32757

3. The mailing address (if different): same

4. Date of incorporation/qualification: 8/9/2005 Document number: P05000109907

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)

Chad Tomlinson DV

PO Box 1356

Winter Park, FL 32790

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

Joseph W Tomlinson DV

21624 Sullivan Ranch Blvd

P.O. Box NOT acceptable

Mount Dora, FL 32757

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.

Heri Tomlinson
Signature of an officer or director

Teri Tomlinson

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.

Teri Homleson
Signature of Registered Agent

9/22/2020

Date _____

If signing on behalf of an entity:

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

CR21:045 (04/13)