

PD5000111377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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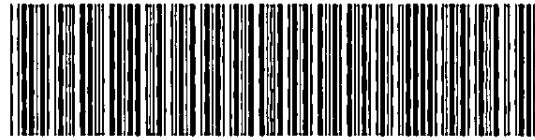
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: T & B CARPENTRY INC.
Name of Corporation

DOCUMENT NUMBER: PO5000111377

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:

Timothy M. BEAUREGARD
Name of Contact Person

T & B CARPENTRY INC.
Firm/Company

5039 NW 115th TERRACE
Address

CORAL SPRINGS FL. 33076
City/State and Zip Code

TBEAUREGARD65@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim BEAUREGARD at (954) 608-5071
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
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: T+B CARPENTRY INC.
2. The principal office address: 5039 NW 115TH TERRACE, CORAL SPRINGS
FL. 33076
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 8/10/2005 Document number: PO500011377
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)
6532 NW 29TH ST. MARGATE
FL. 33063.
GEORGE WIGGINS JR. (RESIGNED)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TIMOTHY M. BEAUREGARD
5039 NW 115TH TERRACE
P.O. Box NOT acceptable
CORAL SPRINGS, FL. 33076

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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

GEORGE WIGGINS JR. PhD
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

9/5/18
Date

If signing on behalf of an entity:

TIMOTHY M. BEAUREGARD
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 (03/12)