## 205000000530

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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09/04/07--01011--025 \*\*35.00

LLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE

## **COVER LETTER**

TO:	Amendment Division of C		• .					
SUBJECT: TML INTERNATIONAL CORPORATION (Name of Corporation)								
		(Name of Co	riporation)					
DOCU	IMENT NUM	IBER: P05000120530						
The en	closed Statem	ent of Change of Registered Office	Agent and fee are submitted for filing.					
Please	return all corr	espondence concerning this matter	to the following:					
	<u>v</u>	LADIMIR SOKOL						
(Name of Contact Person)								
TML INTERNATIONAL CORPORATION								
(Firm/Company)								
6709 ORCHARD DR.N.								
(Address)								
ST.PETERSBURG , FLORIDA 33702								
(City/State and Zip Code)								
For fur	ther informati	on concerning this matter, please ca	all:					
VLADI	IMIR SOKOL		at (727 ) 244-2456 (Area Code & Daytime Telephone Number)					
	(Nam	e of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclose	ed is a \$35.00	check made payable to the Departi	nent 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

statement of cha	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office o	on-organized	under the laws of the	State of FLC	RIDA	
	the corporation: TML INTERNAT	C		•	٠.	
	office address: NEW ADDRESS			LORIDA 3377	3	
3. The mailing a	ddress (if different): 6709 ORCI	HARD DR.N	I.,ST.PETERSBURG	G FLORIDA 3	3702	
4. Date of incoη	poration/qualification: 08/30/200	05	Document number:	P050001205	30	
	I street address of the current regi trnent of State:	istered agent	and registered office	on file with the	e .	
	6709 ORCHARD DR.N.,S	ST.PETER	SBURG FLORID	A 33702 ≱	ς <b>9</b>	
				A	SET A	77
		1		ASS	TAR	-
6. The name and (if changed):	I street address of the new registe	AH 9: 16				
	12921 66st.N., LARGO	,FLORIDA	33773	<b>&gt;</b>		
	(P.O. Box NOT	acceptable)				
The street addre	ess of its registered office and the	ne street addi	ress of the business of	office of its reg	gistered a	agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by been notifie	its board of directors d in writing of the cl	s or by an offi hange.	cer so	
Nanatu	ure of an officer or director)	<u>_</u> <u>v</u>	LADIMIR SOKOL -	director		
I hereby accept I further agree to of my duties, an document is hei	the appointment as registered of to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan to been notified in writing of this	f all statutes t the obligati nge in the re	ree to act in this car	nacity.	te perfor ent. Or onfirm th	mance if this at the
17	$\sim$	0:	8/30/2007			
ļ	mature of Registered Agent)	-	(D <sub>8</sub>	ate)		
It signing on be	half of an entity:					
	yped or Printed Name)		·			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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