

PO6000013810

CMS AGENCY, INC.
2675 S JONES BLVD STE 111
LAS VEGAS, NV 89146

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

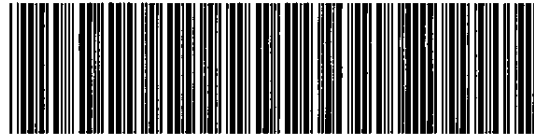
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAY 30 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

T. Roberts MAY 30 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2007

CMS AGENCY, INC.
2675 S JONES BLVD STE 111
LAS VEGAS, NV 89146

SUBJECT: TYTREV INSURANCE, INC.
Ref. Number: P06000013810

We have received your document for TYTREV INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 307A00033086

RECEIVED
07 MAY 30 AM 8:00
DIVISION OF CORPORATIONS

**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: Ty Tree Insurance, Inc.
2. The principal office address: 2340 State Rd 580, Suite P
Clearwater, FL 33763
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/27/06 Document number: PO6000013810
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Catherine Barber
2321 State Rd 580
Clearwater, FL 33763

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

Catherine Barber
2340 State Rd 580, Suite P
(P.O. Box NOT acceptable)
Clearwater, FL 33763

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Staci Barber, President
(Signature of an officer or director)

Staci Barber, President
(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.

Catherine Barber
(Signature of Registered Agent)

5/2/07
(Date)

If signing on behalf of an entity:

Staci Barber
(Typed or Printed Name)

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