PDUDDD001438

| . (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



400246943624

04/25/13--01030--020 **35.00

SECRETARY OF STATE

RAROCH8 10.5.1.13

COVER LETTER

| | of Corporations | | | | |
|---|---|--|--|--|--|
| SUBJECT: | TLA Architects Inc. Name of Corporation | | | | |
| DOCUMENT NUMBER: P06000061438 | | | | | |
| The enclosed State | 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: | | | | | |
| | | | | | |
| | TEAN - NOEL BE | NHAMOU | | | |
| • | Name of Contac | Person | | | |
| | | | | | |
| Firm/Company | | | | | |
| | 1925 E. 17TH STO | REET | | | |
| | Address | | | | |
| | BROOKLYN NY City/State and Z | 229 | | | |
| | City/State and Z | ip Code | | | |
| TRENHAMOU Q KMAIL, COM | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information concerning this matter, please call: | | | | | |
| TEAN - NOEL | RENHAMOU | ., 404 , 209-3115 | | | |
| Ne | ame 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 | Street Address: Amendment Section | | | |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | |
| | P.O. Box 6327 | Clifton Building | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change | ovisions of sections 607.0302, 617.0302, 607.1308, or 6 e is submitted for a corporation organized under the la o change its registered office or registered agent, or bo | ws of the State of Florida |
|--|--|--|
| 1. The name of the o | corporation: TLA Architects Inc. | |
| 2. The principal offi | fice address: | |
| 3. The mailing addr 20900 NE 3 | ress (if different): | |
| 4. Date of incorpora | ation/qualification: 05/01/2006 Document | number: P06000061438 |
| | reet address of the current registered agent and register ent of State: (If resigned, enter resigned) | ed office on file with the |
| <u>T</u> + | HE FLORIDA INCORPORATING COMPANY | <u>, </u> |
| 12 | 203 Governors Square Blvd. | :: |
| Ta | allahassee, FL 32301-2960 | つ で 変 |
| 6. The name and stre (if changed): | reet address of the new registered agent (if changed) an | 5. |
| Int | Corp Services, Inc. | |
| 17 | 7888 67th Court North | • |
| Lo | P.O. Box NOT acceptable Dxahatchee, FL 33470 | |
| The street address of as changed will be it | of its registered office and the street address of the buildentical. | siness office of its registered agent, |
| Such change was at authorized by the be | authorized by resolution duly adopted by its board of coord, or the corporation has been notified in writing of | lirectors or by an officer so f the change. |
| Signature of | TEP WNOEL | BENHAHOU, SELRETARY STORY |
| I hereby accept the I furtheflagree to co | e appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the duties, and I am familiar with and accept the obligat hougent is being filed merely to reflect a change in the the corporation has been notified in writing of this c | this capacity. e proper and complete |
| BU | 1/2000AP// | April 16, 2013 |
| Signifun If signing on behalf | of an cutity: | Date |
| Josie A Sorenso | en on behalf of Incorp Services, Inc. | |

* * * 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)