

PO6000147303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

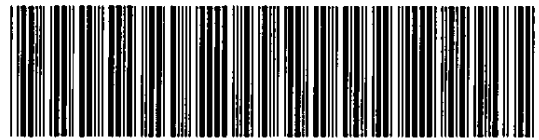
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700157387047

06/22/09--01041--013 **35.00

FILED
09 JUN 22 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

22 60/6000147303

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Tigo, Inc

Name of Corporation

DOCUMENT NUMBER:

P06000147303

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:

CHERIL TIAPAGO

Name of Contact Person

Tigo, Inc

Firm/Company

6033 NW 31 AVE

Address

FT LAUD, FL 33309

City/State and Zip Code

info@exposeyourselfusa.com

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

For further information concerning this matter, please call:

MARCO TIAPAGO

Name of Contact Person

at (954) 935-5990

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 _____

in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tigo Inc.

2. The principal office address: 6033 NW 31 Ave
Ft Lauderdale, FL 33309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov²⁸ 2006 Document number: P06000147303

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)

Debbie Golin
318 Indian Trace #166
Weston, FL 33326

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

CHERYL TIAPAGO
6033 NW 31 AVE
P.O. Box NOT acceptable
FT LAUDERDALE FL 33309

FILED
09 JUN 22 PM 12:03
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.

[Signature]
Signature of an officer or director

MARCO TIAPAGO
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.

Cheryl Tiapago
Signature of Registered Agent

6-18-09
Date

If signing on behalf of an entity:

CHERYL TIAPAGO
Typed or Printed Name

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