P010000058898

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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Office Use Only



800109176588

09/19/07--01022--015 **35.00





COVER LETTER

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

statement of char	provisions of sections 607.0502, 617. nge is submitted for a corporation of r to change its registered office or re	rganized under th	e laws of the State of _	Florida
	he corporation: THN THREP office address: 3517 - 8	LAYEN		
3. The mailing ac	ddress (if different):		97:9	
4. Date of incorp	poration/qualification: 05.16.	07 Docum	ent number: P070	0000 588 98
	street address of the current register tment of State:	ed agent and regis	stered office on file wit	h the
	Avaya, Henry E		***	-
	101 8 North Gard Clearwater FL 33	den Ave	Ste 200	-
	Clearwater FL 33	3755		3 9
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered offi	SE FI
	Scott A Low			LEI 19 P
	3517 - 8 th AVL 1	Watable)		LONING TO THE TOTAL TOTA
	St Petersburg F			DA 46
The street address as changed will	ss of its registered office and the str be identical.	reet address of th	e business office of its	s registered agent,
Such change wa authorized by th	s authorized by resolution duly add the board, or the corporation has bee	opted by its board n notified in writ	of directors or by an ing of the change.	officer so
MXXX	re of another or director)	Janne	Printed or typed name and to	(hy
I hereby accept (the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	nt and agree to ac statutes relative obligation of my in the registered on nge.	et in this capacity to the proper and com position as registered office address, I hereb	plete performance I agent. Or, if this y confirm that the
Sent of	nature of Registered Agent)	Sip	t 2004	
(Signing on bel	_	,	(Date)	
(Ty	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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