(Re	questor's Name)	
hA)	dress)	
(/ 10	uicoo,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100113153391

12/17/07--01056--007 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TP Financial Products, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$0700087238
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:
Name of Contact Person)
TD Francial Products, Inc.
(Addréss)
Tampa FL 33619 (City/State and Zip Code)
For further information concerning this matter, please call:
Todd Mauther at (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

a dobito ententante partitore es are 2 opinimiento es ar

Mailing Address: Amendment Section

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
0
1. The name of the corporation: TD Financial Products, Inc.
2. The principal office address: 22739 Penny Loop
Land O Lakes, FL 5 34639
3. The mailing address (if different): 5 km as above
4. Date of incorporation/qualification: 8/1/2007 Document number: P070200 & 7239
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Business Ciedit Consultants, Inc. SEE = TT
Janua PL 33607 #100 50 50
1 ampa PL 33607 BH 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Danny Garcia Todd Martner
22739 PERRY LOOP 19239 N. DALE MABRY HWY. #114
Lond O Lakes, PL 34639 LUTZ, FL 33548
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 of an option of director)  Todd Mar Her Problems  (Printed or typed name and utle)
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 nyafied in writing of this change.
(Signature of Registered Agent)  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
Jadd Mowtow

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