P08 000004369

(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:				
<u></u>				





200389865172

06/27/22--01012--014 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TGB Productions, Inc.
Name of Corporation
DOCUMENT NUMBER: P08000004369
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:
Charles A. Carlson, Esq.
Name of Contact Person
Older, Lundy, Koch & Martino
Firm/Company
1000 W. Cass Street
Address
Tampa, Florida 33606
City/State and Zip Code
ccarlson@olalaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles A. Carlson, Esq. 254-8998
Name 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ensuremath{\wp}$

statement of ci	hange is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida te or registered agent, or both, in the State of Florida.		
1. The name o	f the corporation: TGB Production	ons, Inc.		
2. The principa	al office address: c/o Charles A. C	Carlson / Older, Lundy, Koch & Martino,		
1000 W. Cass	Street, Tampa, FL 33606			
3. The mailing	g address (if different): Same			
	orporation/qualification: 01/11/2	008 Document number: P08000004369		
	nd street address of the current reartment of State: (If resigned, er	registered agent and registered office on file with the inter resigned)		
	Accounting Resources and Ma	nagement Services LLC		
	34921 US Hwy 19 N - Ste 210			
	Palm Harbor, FL 34684			
6. The name a (if changed)	-	istered agent (if changed) and /or registered office		
	1000 W. Cass Street			
	Tampa, FL 33606	P O. Box NOT acceptable		
The street add	lress of its registered office and ill be identical.	the street address of the business office of its registered agent.		
Such change vauthorized by	was authorized by resolution du the board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.		
	747 July	Terry G. Bollea / Director		
•	ture of an officer or director	Printed or typed name and title		
i nereby accept in the series of acceptance in the series of acceptanc	pt the appointment as registere e to comply with the provisions and I um familiar with and acce eing filed merely to reflect a ch as been notified in writing of th	d agent and agree to act in this capacity, of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if thi, tange in the registered office address, I hereby confirm that the is change.		
Ch.	atles A. Cathon ignature of Registered Agent	06 / 16 / 2022		
S	ignature of Registered Agent	Date		
If signing on b	sehalf of an entity:			
Charles A. Car	ison			
•	Typed or Printed Name			
	* * * Fi	ILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED PM 4: 11