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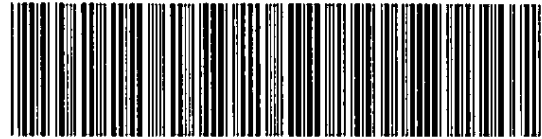
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thorp Licensure & Certification Consulting Service
(TLC) INC
Name of Corporation

DOCUMENT NUMBER: FIN 26-2857380 GO P08000060862
Filing Info. # ↑

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Filing Info. #

Please return all correspondence concerning this matter to the following:

608176960185

Chelsea Thorp
Name of Contact Person

Thorp Licensure & Certification Consulting Service
Firm/Company

2801 Sea Channel Dr.
Address

Seabrook / TX 77586
City/State and Zip Code

tlcconsultingservice@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Thorp at (352) 361-4050
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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Thorp Licensure & Certification Consulting Service
2. The principal office address: _____

3. The mailing address (if different): 2801 Sea Channel Dr.
Seabrook, TX 77586

4. Date of incorporation/qualification: June 24, 2008 Document number: PO8000060862

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)

Thorp, Chelsea
112 E Fort King St
Ocala FL 34471

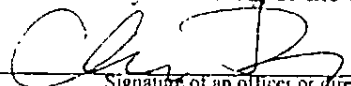
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):

Jodie DeSantis
1034 S.E. 11th Terrace
P.O. Box NOT acceptable
Ocala FL 34471

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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 officer or director

Chelsea Thorp
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.


Signature of Registered Agent

12/25/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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