

PD80000 69436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

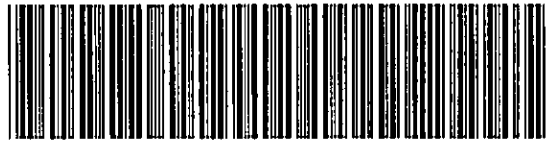
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JUN 30 2020  
S. YOUNG



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JUN 20

2020 JUN 20 PM 12:25

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2020

ANNE SOLOMONS  
TOUCH POINT TRAINING CONSULTANTS  
4780 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

SUBJECT: TOUCH POINT TRAINING CONSULTANTS, INC.  
Ref. Number: P08000069436

We have received your document for TOUCH POINT TRAINING CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 720A00011793

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Touch Point Training Consultants  
Name of Corporation

**DOCUMENT NUMBER:** P08000069436

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:

Anne Solomons

Name of Contact Person

Touch Point Training Consultants

Firm/Company

4780 NW 120th Drive

Address

Coral Springs, FL 33076

City/State and Zip Code

anne@touchpoint-training.com

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

For further information concerning this matter, please call:

Anne Solomons

at (954) 816-6200  
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

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

1. The name of the corporation: Touch Point Training Consultants
2. The principal office address: 4780 NW 120th Drive, Coral Springs, FL 33076
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/22/2008 Document number: P08000069436
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)

Dubrow, Duker & Associates

5401 N. University Drive, Suite 204

Coral Springs, FL 33067

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

Anne Solomons

4780 NW 120th Drive

P.O. Box NOT acceptable

Coral Springs, FL 33076

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.

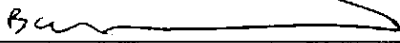


Signature of an officer or director

Anne Solomons, President

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

4/27/2020

Date

If signing on behalf of an entity:

D. Allen Dubrow

Typed or Printed Name

**\*\*\* FILING 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)