

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(,	··,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
L		

Office Use Only



12/22/08--01015--021 **35.00



R-A. Chage

C.COULLIETTE DEC 292008 EXAMINER

то:	Amendment Section Division of Corporations
SUBJE	CT:Tort mehaze Int Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: 28000388540
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	(Jose) Trans
	(Name of Contact Person)
	Forbrehasse Inti Inc.
	(Firm/Company)
	5400 D. University Drive
	(Addiess)
	(City/State and Zip Code)
	her information concerning this matter, please call:

.

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

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 in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 885 SUL 4. Date of incorporation/qualification: Document number: 🗙 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): rlorid 5.6 (P.O. Box NOT acceptable) ഹ 50 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. (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)

If signing on behalf of an entity:

(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 (8/05)