## P08000104271

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| PICK-UP                                 | ☐ WAIT                               | MAIL  |  |  |  |
| ·                                       |                                      |       |  |  |  |
| (Bu                                     | isiness Entity Nar                   | ne)   |  |  |  |
| (Document Number)                       |                                      |       |  |  |  |
| (1)                                     | cument Number)                       |       |  |  |  |
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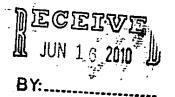


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ETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2010

DIANNE BUDZINSKI ROBERT J. WELLEN, JR., P.A. 788 W. DR. MLK BLVD SEFFNER, FL 33584

SUBJECT: TLC REALTY PROFESSIONALS, INC. Ref. Number: P08000104271

We have received your document for TLC REALTY PROFESSIONALS, 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 document must have original signatures.

Robert J. Wellen, Jr., P.A. must sign as registered agent accepting appointment.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00014498



## **COVER LETTER**

| SUBJECT: TIC.                        | Realty Professionals, Inc.                                 |           |  |  |  |
|--------------------------------------|--|-----------|--|--|--|
| * **                                 | , Name of Corporation                                      | - ±       |  |  |  |
| DOCUMENT NUMBER:                     | P08000104271   |           |  |  |  |
| The enclosed Statement of Change of  | f Registered Office/Agent and fee are submitted for filing | g.        |  |  |  |
| Please return all correspondence con | cerning this matter to the following:                      |           |  |  |  |
| <u> </u>                             | Dianne Budzinski   |           |  |  |  |
|                                      | Name of Contact Person                                     |           |  |  |  |
|                                      | Robert J. Wellen, Jr., P.A.                                | ,         |  |  |  |
|                                      | Firm/Company   |           |  |  |  |
|                                      | 788 W. Dr. MLK Blvd.                                       |           |  |  |  |
|                                      | Address  |           |  |  |  |
| <u> </u>                             | Seffner, FL 33584  |           |  |  |  |
| •                                    | City/State and Zip Code                                    |           |  |  |  |
| TC                                   | wellencpa@aol.com  |           |  |  |  |
| E-man address                        | : (to be used for future annual report notification)       |           |  |  |  |
| For further information concerning t | this matter, please call:                                  | 1 - 1 - 1 |  |  |  |
| Dianne Budzin:                       | ski at (813 ) 643-2  | 004       |  |  |  |

Malling 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 Tallahassec, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 60% statement of change is submitted for a con-   |   |  |   |  |
|--|---|--|---|--|
| in order to change its registered  | -   | •  | •   |  |
| 1. The name of the corporation: TLC R  | ealty Profess   | sionals ,  |   |  |
| 2. The principal office address: 1114 Fe   |   |  |   |  |
| Seffner, Fl. 33584   |   | · .  | <del></del>   |  |
| 3. The mailing address (if different):   |   | *  |   |  |
| 4. Date of incorporation/qualification:  | 11/25/2008  | Document number:   | P08000104271  |  |
| 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)   |   |  |   |  |
| Spiegel & Utrera P.  | Α   |  | As 6  |  |
| 1840 Coral Way 4tl   | n Floor   |  | AUG<br>LAME   |  |
| Miami, Fl. 33145   |   |  | TARY ASSET  |  |
| 6. The name and street address of the new (if changed):  |   | f changed) and /or register  |   |  |
| Robert J. Wellen Jr  |   |  | <b>Z&gt;</b>  |  |
| 788 W. Dr. Martin L  | uther King Jr. I P.O. Box NOT ac  |  | ₹`  |  |
| Seffner, Fl. 33584   |   |  |   |  |
| The street address of its registered office as changed will be identical.  | e and the street add  | dress of the business offic  | e of its registered agent,  |  |
| Such change was authorized by resolution authorized by the board, or the corporat  | on duly adopted by  | y its board of directors or<br>led in writing of the chang   | by an officer so  |  |
| 1 Tory & Chand<br>Signature of an officer or director  |   | Terry L Chan   | where   |  |
| I hereby accept the appointment as regi<br>I further agree to comply with the provi<br>of my duties, and I am familiar with and<br>document is being filed merely to reflect<br>corporation has been dotified in writing | stered agent and a<br>sions of all statute<br>I accept the obliga<br>t a change in the r<br>g of this change. | igree to act in this capacid<br>s relative to the proper ar<br>tion of my position as reg<br>egistered office address, I | ty. id complete performance vistered agent. Or, if this I hereby confirm that the |  |
| Signature of Registered Agent  |   | 6- 1 / Date  | ·<br>   |  |
| If signing on behalf of an entity:   | •   |  |   |  |
| Robert J-Willer, Jr Typed or Printed Name  | •   | •  |   |  |

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