

PO9100007039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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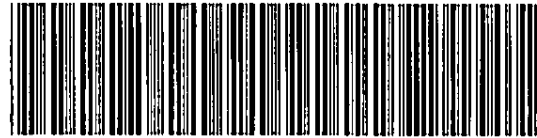
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Talent Source, Inc
Name of Corporation

DOCUMENT NUMBER: PO 900000-7039

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:

Claire Marrero
Name of Contact Person

The Talent Source, Inc
Firm/Company

1535 Northpark Dr # Suite 102
Address

Weston FL 33326
City/State and Zip Code

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

For further information concerning this matter, please call:

Claire Marrero at (305) 812 0574
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

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**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: The Talent Source Inc
2. The principal office address: 1535 Northpark Dr # Suite 102
Weston FL 33326
3. The mailing address (if different): 841 Heritage Dr
Weston FL 33326
4. Date of incorporation/qualification: 1/22/2009 Document number: PO 9000007039
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)

Maikel Marrero
2645 Executive Park Drive, Suite 640
Weston FL 33326

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

Maikel Marrero
1535 Northpark Dr Suite 102
Weston FL 33326

P.O. Box NOT acceptable


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

Claire Marrero, 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

12/18/2017
Date

If signing on behalf of an entity:

Maikel Marrero
Typed or Printed Name

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