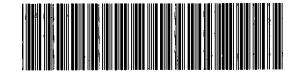
## P09000008046

(Requestor's Name)
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SECRETARY OF STATE

1-10-12

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TSI of Manatee, Inc. (Name of Corporation)
DOCUMENT NUMBER: P09000008046
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Firm/Company)
1926 Manatee Avenue West (Address)
Bradenton, Florida 34205 (City/State and Zip Code)
For further information concerning this matter, please call:
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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

The name of	of the corporation:	TST	nf Mar	atee.	Inc.			
	nal office address:		•					
-								
. The mailin	g address (if differer	t): same	<u>, , , , , , , , , , , , , , , , , , , </u>				The delivery of the last of th	
. Date of inc	corporation/qualifica	tion: <u>1 / 2</u>	6/2009	) Do	ocument nu	mber: <u>P09000</u>	0080	46
	and street address of partment of State: (1)				registered	office on file wi	th the	
,	<u>Sandra Ta</u>	v1or		<u> </u>			- 40	, is
	<u>1710 21st</u>	Stree	t West					宝宝
	Palmetto,	FL 3	4221				1. T.	6
6. The name (if changed	•						ice	CE FLORI
	<u>Kevin Tay</u>	lor·						Br.
	1710 21st	Stree	t West	NOT acceptab	le			
	Palmetto,	FL 3	4221				<del></del>	
The street ac	ddress of its register will be identical.	ed office a	ind the st	reet address	of the bus	siness office of i	ts regis	tered agent
Such change authorized b	e was authorized by	resolution corporation	duly add n has bee	pted by its n notified in	board of d writing o	irectors or by ar of the change.	n office	r so
Sam	gnature of an officer of dire	ctor		_Sa	ndra T	avlor ed or typed name and	litle	
I hereby acc I further ago of my duties document is corporation	cept the appointment ree to comply with t , and I am familiar being filed merely thas been notified in	t as registe he provisio with and a to reflect a n writing a	ered ager ons of all accept the a change of this cha	nt and agree statutes rel obligation in the regis inge.	to act in ative to th of my pos tered offic	this capacity. e proper and co ition as register e address, I here	mplete i ed agen eby conj	nerformand t. Or if th firm that th
180	Signature of Registered	Agunt				Date		
<b>*</b>		•				Dute		
If cianing o	n behalf of an entity	, .						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)