

PO9000021033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

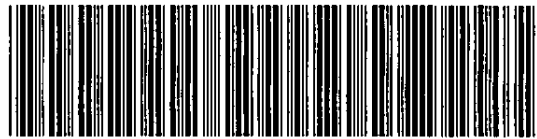
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 PM 12:35

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2009

JAMES TYLER TOWNSEND
TJT MARKETING, INC.
429 S. KELLER ROAD
ORLANDO, FL 32810

SUBJECT: TJT MARKETING, INC.
Ref. Number: P09000021033

We have received your document for TJT MARKETING, 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 009A00015552

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TJT MARKETING, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000021033

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:

JAMES TYLER TOWNSEND
(Name of Contact Person)

TJT MARKETING, INC.
(Firm/Company)

429 S KELLER ROAD
(Address)

ORLANDO, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES TYLER TOWNSEND at (407) 788-2100 321-972-6800
(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

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

1. The name of the corporation: TJT MARKETING, INC.
2. The principal office address: 100 CANDACE DR #112
MAITLAND, FL 32751
3. The mailing address (if different): 691 ALTAMIRA CIR APT 101, ALTAMONTE SPRINGS, FL 32701
4. Date of incorporation/qualification: 03/05/2009 Document number: P09000021033
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)

JAMES T TOWNSEND

100 CANDACE DR STE 112

MAITLAND, FL 32751

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

JAMES T TOWNSEND


429 S KELLER ROAD

(P.O. Box NOT acceptable)

ORLANDO, FL 32810

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)

JAMES T TOWNSEND/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)

5-12-9

(Date)

If signing on behalf of an entity:

JAMES T TOWNSEND

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 PM 12:35

TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 MAY 21 AM 8:00

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