P10000003301

	•	
(Re	equestor's Name)	
	(-t \	
. (Ac	idress)	
•		
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(5)	admode Emily Han	,iic)
	,	
(Do	ocument Number)	
Certified Copies Certificates of Status		
Certifica Copies	_ Continuates	Ol Olaius
Special Instructions to	Filing Officer	
opeoidi mondenene te	Timing Cilicon.	
	,]
]
		·]

Office Use Only



300182097153

___06/18/10--01011--022 **35.00

10 JUN 18 AM 9: 05

RAROCHS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TPH Enterprises luc. Name of Corporation
DOCUMENT NUMBER: P/000000330/
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:
Name/of Contact Person
TPH Enterprices Inc.
1014 SE 16Th TW. Address
Capie Coral 33990 Florida City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further 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 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 +2
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TPH Enterpower, Inc.
2. The principal office address: 10/4 SE 16th Ter.
Cape Coral 33990 FL
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/12/2010 Document number: P10000003301
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)
Perlman, Joseph
MON Belcher Road S. SHE. B
,
2argo FL 33771
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEFANIE WITTE-MISPELKANP E
1014 SE 16th Ter. P.O. Box NOT acceptable
Cape Coral +6 33990
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 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
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.
Ste faire Wilde-Minchaup WITTE-MISPELKTARP Signature of Registered Agent
If signing on behalf of an entity:
WITTE-MISPELKANP
Typed or Printed Name

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

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