Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000390066 3)))



H230003900663ABC\$

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

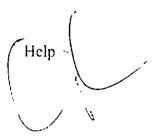
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:				
	Address:	Address:	Address:	Address:

REGISTERED AGENT CHANGE TOTAL FACILITY SERVICES INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

	Y SERVICES INC.
Name of Corporation DOCUMENT NUMBER: P10000	031976
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:
Alicia Richards	20
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 40	$\delta = \omega$
Address	Sign A
Austin, Texas 78735	
City/State and Zip Code	2023 NOV 13 AM 10: 04 STALLAHASSEE, FL
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Alicia Richards	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the l	Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

H23000390066 3

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

	provisions of sections 607.050 unge is submitted for a corpora				
in orde	er to change its registered offic	e or registered agent, or bott	h, in the State of	Florida.	
I. The name of	the corporation; TOTAL I	FACILITY SERVI	CES INC.		
2. The principal	office address: 200 S. F	ederal Highway			
Pompar	<u>no Beach, FL 3306</u>	62			
	address (if different):				
4. Date of incorp	poration/qualification: 4/13	/2010 Document in	number: P100	000031976	
	d street address of the current r timent of State: (If resigned, er		d office on file w	- •	
	CT CORPORA	TION SYSTEM	<u> </u>	023 I	
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL	33324	BALLAHASSE	
6. The name and (if changed):	Registered Age			<u> </u>	
	2894 Remington C				
	Tallahassee	P.O. Box NOT acceptable FL 3230	8	_	
The street addre	ess of its registered office and be identical.	the street address of the bus	siness office of i	its registered agent,	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of d as been notified in writing o	irectors or by ar of the change.	officer so	
ISI Robert Midgette Signature of an officer or director		Robert Mic	Igette	President	
I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered to comply with the provisions of I am familiar with and accome filed merely to reflect a child been notified in writing of the complete of the c	d agent and agree to act in to of all statutes relative to the opt the obligation of my posi ange in the registered office is change.	his capacity, e proper and col tion as registere e address. I here		
	nature of Registered Agent	11/09/202	Date		
	half of an entity:		*****		
	er, Assistant Secretary				
	yped or Printed Name				
	***F	LING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)