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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
- (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Corporations			
SUBJECT: Talmaga Corporation Name of Corporation			
DOCUMENT NUMBER: P 11 0000 14238			
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:			
Carol Normand Name of Contact Person			
Firm/Company			
8275 S. Clark Wise Pt			
Floral City FC 34436 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (204) 592-2119 Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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.
T1
1. The name of the corporation: a mage Corporation
2. The principal office address: 2D1 Tavmage Ave
Inverness, Pt 34400
3. The mailing address (if different): 8275 5 Clark Wise 17
Ploral City PC 34936
4. Date of incorporation/qualification: 02 09 2011 Document number: PUCOO 1438
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)
Legalzoom, com inc
101 N Brand Blvd 11TH Floor FOR
Glendale, CA 91203
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u>Carol Normand</u> 55 5
8275 S Clark Wise Pt
Floral City, FL 34436
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.
Coul Normand Carol Normand President 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 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.
Ceval Normend May 15, 2012 Signature of Registered Agent Date
If signing on behalf of an entity:
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 (03/12)