P11000076066

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

V HERRING APR 1 0 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 4, 2017

Order#: 582314/010

Re: TYCR INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Floric corporation organized under the laws of the State (ed office or registered agent, or both, in the State (of Florida	-
	the corporation: TYCR		•	
2. The principal	office address: 21220	NE 32 Place, Aventura, FL 33180		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	08/26/2011 Document number: P110	000076066	
	d street address of the c rtment of State: (If resig	current registered agent and registered office on file gned, enter resigned)	with the	
	Incorp Services, Inc.			
	17888 67th Court Nor	rth		
	Loxahatchee, FL 334	470		OIV.
6. The name and (if changed):	d street address of the n	new registered agent (if changed) and /or registered	office APR	SECRETAR ISION OF C
	Corporation Service C	Company	_ \$	ORP(
	1201 Hays Street			STAI
	Tallahassee	P.O. Box NOT acceptable FL 32301	ជ៌	3.7
		ice and the street address of the business office of		nt,
Such change wa authorized by 1	as authorized by resolu- te board, or the or por	ion duly adopted by its board of directors or by a ation has been notified in writing of the change.	an officer so	
_	12	Fred Abitbol	President	_
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the pro my duties, and I am fa is document is being fi	Printed or typed name and gistered agent and agree to act in this capacity, visions of all statutes relative to the proper and camiliar with and accept the obligation of my positiled merely to reflect a change in the registered of as been notified in writing of this change. Y	omplete ion as registered	
By: Cr	nature of Registered Agent	03/30/17		-
·	chalf of an entity:	Date		
Ami M. Casper	, Asst. Vice President			
т.	yped or Printed Name			

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

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Flori coration organized under the laws of the State	of_Florida
	5 5	ffice or registered agent, or both, in the State	oj rioriaa.
1. The name of	the corporation: TYCR INC	·.	
2. The principa	l office address: 21220 NE 3	32 Place, Aventura, FL 33180	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 08/2	26/2011 Document number: P110	000076066
	d street address of the currer artment of State: (If resigned,	nt registered agent and registered office on file, enter resigned)	e with the
	Incorp Services, Inc.		
	17888 67th Court North		
	Loxahatchee, FL 33470		
6. The name an (if changed):		registered agent (if changed) and /or registered	office
	Corporation Service Comp	pany	
	1201 Hays Street		
	Tellebasses	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addr as changed wil	ess of its registered office a l be identical.	and the street address of the business office o	f its registered agent,
Such change wathorized by	as authorized by resolution he board, or the arporation	duly adopted by its board of directors or by has been notified in writing of the change.	an officer so
_	100	Fred Abitbol	President
Signat	of an officer or director	Printed or typed name an	d title
l further agree performance of agent. Or, if th hereby confirm	to comply with the provisio f my duties, and I am familio ais document is being filed n	ered agent and agree to act in this capacity. Ins of all statutes relative to the proper and a Ar with and accept the obligation of my posit In the registered of the change in the registered of the change. The change in the registered of the change in the registered of the change.	tion as registered
By: Cu	in lest	03/30/17	
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Ami M. Casper	r, Asst. Vice President		
	Typed or Printed Name		

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