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TO:

Amendment Section Division of Corporations

SUBJECT: TPM Architects Inc.

Name of Corporation

DOCUMENT NUMBER:

P11000091306

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:

Sandra Martinez

Name of Contact Person

TPM Architects Inc.

Firm/Company

5729 NW 151 Street

Address

Miami Lakes FI, 33014

City/State and Zip Code

Sandra@rammarconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Martinez

,305

3436403

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

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 ____ 1. The name of the corporation: TPM Architects Inc. ◆2. The principal office address: 5729 NW 151 Street Miami Lakes Fl. 33014 3. The mailing address (if different): 12780 Hickory Rd North Miami Fl. 33181 4. Date of incorporation/qualification: 10/18/11 P11000091306 Document number: 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) Tirso P Martinez 7875 W 2 Ct Hialeah Fl. 33014 6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): Tirso P Martinez 5729 NW 151 Street P.O. Box. NOT acceptable. Miami Lakes, Fl. 33014 The street address of its registered office and the street address of the business office of its registered 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. 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. If signing on behalf of an entity: Typed or Printed Name * * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail, TO: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314 CR2E045 (03/12)