P12000027061

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
. (Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



000235041520

05/21/12--01006--019 **35.00

fo ch



MAY 2 3 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporatio	ns		
SUBJECT:	TKAV,	INC Corporation	
	rame or c	corporation	
DOCUMENT NUMBER:	P12	000027061	
The enclosed Statement of Cha	nge of Registered Offic	ce/Agent and fee are submi	tted for filing.
Please return all correspondence	e concerning this matte	er to the following:	•
·	-	_	
	Todd	Kunik	,
<u></u>	Name of Co	ontact Person	
	**		
		V, INC	
	Firm/C	ompany	
		•	
	1511 Cı	uthill Way	<u> </u>
	Ado	dress	
•	Casselberr	y, FL 32707 ind Zip Code	<u> </u>
	City/State a	and Zip Code	
	tkunik@ya	ahoo com	
E-mail add	lress: (to be used for	future annual report noti	fication)
		•	
For further information concern	ning this matter, please	call:	
Todd Ki	ınik	ot (407)	883-1818
Name of Contact		Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 check ma	de payable to the Depar	rtment of State.	
Mailin	g Address:	Street Address	.
	g Address: dment Section	Amendment Se	ection
	on of Corporations	Division of Co	-
	Box 6327	Clifton Buildi	ng ve Center Circle
اوالو'ا	naccee El 32314	766 L Evecutiv	e Lenter Lircle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: TKAV, INC
2. The principal	office address: 1511 Cuthill Way, Casselberry, FL 32707
3. The mailing a	address (if different): N/A
4. Date of incorp	poration/qualification: 3/19/2012 Document number: P12000027061
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Todd Kunik
	1474 Winston Road
	Maitland, FL 32751
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Todd Kunik
	1511 Cuthill Way
	P.O. Box NOT acceptable Casselberry, FL 32707
The street address changed will	ess of its registered office and the street address of the business office of its registered agent.
Such change wanthdrized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	M L Todd Kunik President/Secretary Troid Frinted or typed name and title
I further agree. of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Inda	M LL 4/23/2012
•	anature of Registered Agent Date
it signing on be	chalf of an entity:
Т	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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