

6/15/23, 2:22 PM

Division of Corporations

Florida Department of State
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Division of Corporations
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Account Name : PARASEC
Account Number : I20180000086
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Fax Number : (800)603-5868

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

Email Address: _____

**REGISTERED AGENT CHANGE
TAKT TOTAL CONCEPTS, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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 _____
FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAKT TOTAL CONCEPTS, INC.
2. The principal office address: 150 SOUTH PINE ISLAND ROAD SUITE 300
PLANTATION, FL 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/13/2012 Document number: P12000069536
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)

DAYS, TELISA Y

2901 SW 149TH AVENUE SUITE# 170

MIRAMAR, FL 33029

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rocket Lawyer Corporate Services LLC


155 Office Plaza Drive 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.


Signature of an officer or director

Telisa Days - President

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.


Signature of Registered Agent

6/14/2023

Date

If signing on behalf of an entity:

EDNA PERRY ASST SECRETARY Rocket Lawyer Corporate Services LLC

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 (04/13)