

P130000018384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 18 2017

S. PRATHER

COVER LETTER

TO: Amendment Section  
Division of Corporations

CH# 1221

SUBJECT: TEPO'S ENTERPRISE INC.  
Name of Corporation

DOCUMENT NUMBER: P13000018384

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:

KIRK THORPE

Name of Contact Person

Firm/Company

10049 NW 89th AVENUE Box 15  
Address

MEDLEY, FL 33178  
City/State and Zip Code

CARIBCONNECTION @ BELL SOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRK THORPE  
Name of Contact Person

at ( 905 ) 888-0832  
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

**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.

1. The name of the corporation: TEPO'S ENTERPRISE INC
2. The principal office address: 10049 NW 89TH AVENUE BAY 15  
MEDLEY, FLORIDA 33178
3. The mailing address (if different): SAME AS PRINCIPAL ADDRESS
4. Date of incorporation/qualification: 2/25/13 Document number: P13000018384
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)

MARCIA THORPE  
9999 NW 89TH AVE BAY 15  
MEDLEY, FLORIDA, 33178

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

MARCIA THORPE  
10049 NW 89TH AVE BAY 15  
P.O. Box NOT acceptable  
MEDLEY, FLORIDA, 33178

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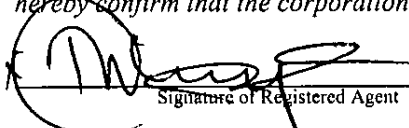
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MARC THORPE (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

5/8/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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