P13000056141

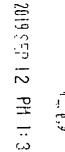
(Requestor's Name)			
	Address)			
(Address)				
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of \$	Status		
Special Instructions to Filing Officer:				

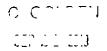
Office Use Only



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09/12/19--01030---001 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Tdawg Inc				
Name of Corporation				
DOCUMENT NUMBER: P13000056141				
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:				
Terry Larson				
Name of Contact Person				
Tdawg Inc				
Firm/Company				
2610 St Rd A1A Apt 1006				
Address				
Jacksonville, Fl 32233				
City/State and Zip Code				
24 hrexpress@att.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Terry Larson 904 612-9283 Name of Contact Person Area Code & Daytime Telephone Number				
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 Street Address: Amendment Section Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statute rganized under the laws of the State of Florida	<u> </u>
		gistered agent, or both, in the State of Florida	•
1. The name of	he corporation: Tdawg Inc		
2. The principal	office address: 2610 St Rd A1	A Apt 1006 Jacksonville, FI 322	:33
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/01/201	Document number: P1300056	141
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	Terry Larson		~ ;
	511 Oleander St		S 6107
	Neptune Beach, FI 32266	3	2019 SEP 12
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2 PH 1:
	Terry Larson		 ω
	2610 St Rd A1A Apt 100	6	
	Jacksonville, FI 32233	NOT acceptable	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its regis	tered agent,
Such change wa authorized by the	is authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an officer a notified in writing of the change.	· so
Signili	re of an officer or director	Terry Larson Owner PRE	SIDENT
I furthér agrée performance of agent Or if th	my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as re- reflect a change in the registered office addi	gistered ress, I
		8/25/2019	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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