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(Re	equestor's Name)			
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(Document Number)				
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R. WHITE

16 MAR 30 AH II: 55 SECRETARY OF STATE ALLAHASSI / FIRE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2016

NICOLAS SIHA 17350 STATE HWY 249 HOUSTON, TX 77064 US

SUBJECT: TOTAL PACKAGE REAL ESTATE INVESTMENTS, INC

Ref. Number: P14000033087

We have received your document for TOTAL PACKAGE REAL ESTATE INVESTMENTS, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 116A00003873

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	nendment Section vision of Corporations	
	TOTAL PACKAGE REAL ESTATE INV	ESTMENTS, INC
SUBJECT	Name of Corp	oration
	P14000033087	
DOCUME	ENT NUMBER:	
The enclos	sed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to	the following:
	NICOLAS SIHA	
	Name of Contac	t Person
	LEGALINC CORPORATE SERV	/ICES INC.
	Firm/Comp	any
	17350 STATE HIGHWAY 249	
	Address	
	HOUSTON, TX 77064	
	City/State and 2	Cip Code
	SUPPORT@LEGALINC.COM	
	E-mail address: (to be used for futu	re annual report notification)
For further		713 478.1040
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed i	s a \$35.00 check made payable to the Departme	nt 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

TO:

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statunge is submitted for a corporation organized under the laws of the State of $\frac{FLC}{C}$	ites, this DRIDA		
in order	r to change its registered office or registered agent, or both, in the State of Flori	da.		
1. The name of t		NC		
2. The principal ORLANDO	office address: O, FL 32814			
	3602 UPPER UNION RD address (if different): DO, FL 32814			
4. Date of incorp	poration/qualification: Document number: P1400003	3087		
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) Stafne, Kristi	ne		
	5237 Summerlin Commons, Suite 400	TAL	16	
	Fort Myers, FL 33907		MAR 30	T
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office LEGALINC CORPORATE SERVICES INC.			
	LEGALINC CORPORATE SERVICES INC.		: 55	
	5237 SUMMERLIN COMMONS, SUITE 400			
	P.O. Box NOT acceptable FORT MYERS, FL 33907			
The street addre	ess of its registered office and the street address of the business office of its reg be identical.	gistered a	igent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
MICK	NICOLAS SIHA Printed or typed name and title			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	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 complet my duties, and I am familiar with and accept the obligation of my position as is document is being filed merely to reflect a change in the registered office and that the corporation has been notified in writing of this change.	e registere ldress, I	ed .	
N. J.	mature of Registered Agent Date			
•	chalf of an entity:			
Т	yped or Printed Name			

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