

P14000053589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

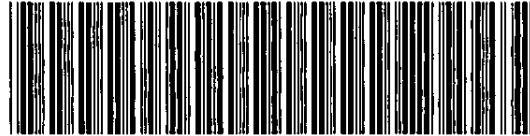
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TALLAHASSEE, FLORIDA

RA Chex

JUL 29 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSFORM CONSULTING INC
Name of Corporation

DOCUMENT NUMBER: P14000053589

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:

MARK BOLTON

Name of Contact Person

Firm/Company

11910 MIDDLEBURY DR. ~~11~~

Address

TAMPA FL 33626

City/State and Zip Code

mark @ mark-bolton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK BOLTON

Name of Contact Person

at (323, 377 - 2420

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2015

MARK BOLTON
11910 MIDDLEBURY DR
TAMPA, FL 33626

SUBJECT: TRANSFORM CONSULTING INC
Ref. Number: P14000053589

We have received your document for TRANSFORM CONSULTING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and street address of the current registered agent and the new registered agent are blank and must be completed. Also, the new registered agent must sign.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 215A00014679

RECEIVED
15 JUL 29 AM 11:30
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE
FLORIDA

**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: TRANSFORM CONSULTING INC
2. The principal office address: 11910 MIDDLEBURY DRIVE
TAMPA FL 33626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JUNE 20, 2014 Document number: P14 0000 53589
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)

MARK BOLTON

10369 LIGHTNING BRIDGE DRIVE

TAMPA FL 33626

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

MARK BOLTON

11910 MIDDLEBURY DRIVE

P.O. Box NOT acceptable

TAMPA FL 33626

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.

Mark Bolton

Signature of an officer or director

MARK BOLTON

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.

Mark Bolton

Signature of Registered Agent

JULY 20th 2015

Date

If signing on behalf of an entity:

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