P1400098004

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TD Squared Brick and Tile, Inc.

Name of Corporation

DOCUMENT NUMBER, P14000098004

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:

Timothy Dale Warren, Jr.

Name of Contact Person

Artistic Pools of Sarasota, Inc.

Firm/Company

1885 Porter Lake Drive, Unit E

Address

Sarasota, FL 34240

City/State and Zip Code

tdwj0330@yahoo.com

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

For further information concerning this matter, please call:

TJ Warren

,941 \376-409

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
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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: TD Squared I	Brick and Tile, Inc.	
2. The principal	office address: 1885 Porter L	ake Drive, Unit E Sarasota, FL 34240	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/08/20	Document number: P14000098004	
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	Corporation Service Co	mpany 👼 🖼	
	1201 Hays Street	FILED FILED	
	Tallahassee, FL 32301	FILED 126 P	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Artistic Pools of Sarasota Inc.			
	Artistic Pools of Sarasol	a, Inc.	
	1885 Porter Lake Drive,		
	Sarasota, FL 34240	ox NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agen	ıt,
Such change wa authorized by th	s authorized by resolution duly ac e board, of the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
	4	Tim Warren, D	
I hereby accept	re of an office or director the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document (s being filed merely t that the corporation has been not	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
(10/22/2015	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Timothy Da	ıle Warren, Jr		
Ty	ped 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 * * *