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TO: Amendment Section Division of Corporations

SUBJECT: Turf Equipment Solutions, Inc. Name of Corporation

DOCUMENT NUMBER: P15000011138

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:

Tammy R. Page

Name of Contact Person

Firm/Company

10283 Ashbrook Court

Address

Fort Myers, Florida 33913

City/State and Zip Code

turfequipmentsolutions@yahoo.com

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

For further information concerning this matter, please call:

 Steve Simpson
 at (239) 910-7367

 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 t	he corporation: Turf Equipment Solutions Inc	
 The principal Fort Myers, Flori 	office address:	
-	ddress (if different):	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Steven Simpson	
	10080 Intercom Drive, #7	2020 -
	Fort Myers, Florida 33913	2020 JUI. 10
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	0 PH 3: 04
	Tammy R. Page	3: 01
	10283 Ashbrook Court	*
	P.O. Box NOT acceptable	
	Fort Myers, Florida 33913	

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 of director

Steven Simpson, 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 accument is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

gnature of Registered Agent

07.03.2020

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 CR2E045 (04/13)