

PI5000024042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

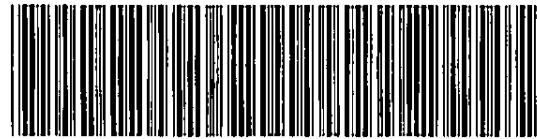
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Rate RD change

03/21/22--01027--005 **35.00

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CLERK OF COURT
JULIA A. RAMSEY

A. RAMSEY

APR - 1 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tolks Venture inc
Name of Corporation

DOCUMENT NUMBER: P15000024042

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:

Philip Tolks
Name of Contact Person

Tolks Venture inc

Firm/Company

7901 4th ST N STE 300
Address

St Petersburg FL 33702
City/State and Zip Code

philip@Brain Cargo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Tolks at (310) 756 5869
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

**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: Tolks Venture inc
2. The principal office address: 7901 4th St N STE 300
St. Petersburg FL
3. The mailing address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incorporation/qualification: 03/13/15 Document number: P 15000024042
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)

resigned Maxine Otero

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

Registered Agents Inc.
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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.

Philip Talk
Signature of an officer or director

Philip Talk CEO
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.

Bill Havre
Signature of Registered Agent

3/15/22
Date

If signing on behalf of an entity:

Bill Havre
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)

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OFFICE OF THE CLERK
STATE OF FLORIDA