Pho 0000 13675

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State)Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:
J. HORNE FEB 16 2023
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ALLAHASSEE, FLU. BELLAHA

îH 8: 28

CD C CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 500192 7435542
AUTHORIZATION :
COST LIMIT : \$35 OCCEMAN
(A.,
ORDER DATE: February 14, 2023
ORDER TIME : 9:15 AM
ORDER NO. : 500192-005
CUSTOMER NO: 7435542
CHANGE OF AGENT
NAME: TVMA, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TVMA, Inc. Name of Corporation	
DOCUMENT NUMBER: W16000001535	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Robert Peterson	
Name of Contact Person	
TVMA, Inc.	
Firm/Company	 .
590 Centerville Road, PMB #299	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
accounting@teraverde.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call:
Mary Dougherty	at (717) 344-5515 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida St a organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of Fl	Florida	
1. The name of t	he corporation: TVMA, Inc.			
2. The principal	office address: 9072 Siesta Bay	Drive, Naples, FL 34120		
3. The mailing a	ddress (if different): 590 Center	ville Road, PMB #299, Lancaster PA 1760		
		Document number. P160	W Bi	15
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with resigned)	h the	
	James M. Deitch			
	9072 siesta Bay Drive			
	Naples, FL 34120			
6. The name and (if changed):	street address of the new registere Corporation Service Company	ed agent (if changed) and /or registered offi	2023 FEB	Π
	1201 Hays Street		元 5	-
		P.O. Box NOT acceptable		<u>}</u>
	Tallahassee	FL 32301	œ. '	ر
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registered @gent.	B
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an o	officer so	
(IM DAAA	James Deitch, CEO		
Signatur	of an officer or director	Printed or typed name and title	<u> </u>	
I further agree to of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co n Service Company	ent and agree to act in this capacity, all statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby hange.	olete performance agent. Or, if this confirm that the	
By: Eyti	ina Oxford	02/15/2023		
Sign	nature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Ту	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 (04/13)

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