P14000039436

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: TD Collins, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P16000039436		
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:		
Troy D. Collins, President		
Name of Contact Person TD Collins, Inc.		
Firm/Company		
899 Jeffery Street, Unit 306		
Address		
Boca Raton, Florida 33487		
City/State and Zip Code		
troy@tdcollinsinc.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Troy D. Collins Name of Contact Person at (239 785-6689) 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 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

	•	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of	the corporation: TD Collins, I	Inc.
2. The principal	office address: 899 Jeffery S	Street, Unit 306, Boca Raton, FL 33487
3. The mailing a	address (if different): P.O. Box	670787, Coral Springs, FL 33067
4. Date of incor	poration/qualification: May 2, 2	2016 Document number: P16000039436
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Troy D. Collins	75 S C 201
	3671 NW 35th Street	
	Coconut Creek, FL 330	PECALLY TILL
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office
	Troy D. Collins	
	899 Jeffery Street, Unit	
	Boca Raton, FL 33487	Box NOT acceptable
as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
-		dopted by its board of directors or by an officer so een notified in writing of the change.
die	y / Se Calla.	Troy D. Collins, President
Signatu	ite of an officer or director	Printed or typed name and title
I further agree : performance of agent. Or, if th	to comply with the provisions of a	ent and agree to act in this capacity. Ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
Jun!	nature of Registered Agent	29 October 2018
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
Troy D. Co	llins	•
T	yped or Printed Name	

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