

P 16000046569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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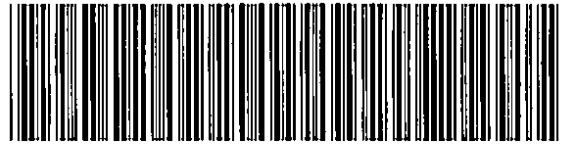
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FL

C. GOLDEN

DEC 18 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Total Performance Resto Mod, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000046569

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:

Anita M. Miller

Name of Contact Person

Firm/Company

PO Box 1254

Address

Valrico, FL 33595

City/State and Zip Code

fj1100us@yahoo.com / amm.edu419@gmail.com

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

For further information concerning this matter, please call:

Anita M Miller

Name of Contact Person

at (813) 418-0917

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

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: Total Performance Resto Mod, Inc.
2. The principal office address: 2833 Al Simmons Rd., Dover, FL 33527
3. The mailing address (if different): PO Box 1254, Valrico, FL 33595
4. Date of incorporation/qualification: 05/25/2016 Document number: P16000046569
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)

Metzler Advisory LLC

410 S Cedar Ave.

Tampa, FL 33606

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

Anita M Miller

2833 Al Simmons Rd.

P.O. Box NOT acceptable

Dover, FL 33527

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.

Michael S. Miller

Signature of an officer or director

Michael S Miller, 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 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.

Anita M. Miller

Signature of Registered Agent

12/06/2018

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 (03/12)

FILED
2018 DEC 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL