## PIGCUES 33

(Re	questor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer				

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JUN 27 2017 S. YOUNG



## **COVER LETTER**

TO: Amendment Division of C				
SUBJECT:	HIRD TIME 1	N C		
DOCUMENT NUM	PIL NOONG			
The enclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are submitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
		entact Person		
THIRD TIME, INC				
		PANGEAVE		
<u> </u>		Hress		
	0Rc/200	FL 32801		
-	City/State a	nd Zip Code		
IAN. CUMMINGS@THIRDTIMEGAMES.COM				
E	-mail address: (to be used for	future annual report notification)		
For further informati	on concerning this matter, please	call:		
IAN	COMMINGS	at ( 760 ) 908 2528  Area Code & Daytime Telephone Number		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00	check made payable to the Depa	rtment 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

statement of change is sui	hmitted for a corporation orga	502, 607.1508, or 617.1508, Florida Ste anized under the laws of the State of stered agent, or both, in the State of Flo	FLORIDA
The name of the corpor	ration: THIRD TIM	NE,INC	
2. The principal office add	dress: 1001 N. 0	RANGE AVE	
	ORLANDO,	FL 32801	
3. The mailing address (if	f different):		
4. Date of incorporation/q	qualification:	Document number: P160	00055733
5. The name and street ad		dagent and registered office on file with	
_ C v	MMINGS IANT	Ţ	
28	SIG HUNTINGTON	ST	
	LANDO FL 32	803	
(if changed):	, , , , , , , , , , , , , , , , , , ,	gent (if changed) and /or registered offic	:e
- (RP	CUMMINGS	- 1 1 / ·	17 121
100	PO HON NO	A VE Of acceptable	
ORL	ANDO, FL 32	SO 1	
The street address of its it as changed will be identi	registered office and the stree	et address of the business office of its r	egistered agent
_		ed by its board of directors or by an of notified in writing of the change.	ficer so
Signature of an office	eer of director	Printed or typed name and title	, (60
I hereby accept the appo I further agree to comply performance of my duties agent. Or, if this docume hereby confirm that the	intment as registered agent a with the provisions of all sta s, and I am familiar with and ent is being filed merely to re prporation has been notified	and agree to act in this capacity atutes relative to the proper and compl laccept the obligation of my position a effect a change in the registered office of I in writing of this change.	'ete is registered address, I
ic (	$\supset$	6 (13) 17	
	gistered Agent	Date	
If signing on behalf of ar	rentity:		
Typed or Print	ed Name		

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