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ANGEL A. SUAREZ CPA
9280 SW 21 Street
Miami, FL 33165
(Address)
(1881050)
(City/State/Zip/Phone #)
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JUL 13 2017 S. YOUNG



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA or change its registered office or registered agent, or both, in the State of Florida
1. The name of the	corporation: TCRP NA CORP
2. The principal of	fice address: 200 S BISCAYNE BLVD, SUITE 4100 (PLM)
3. The mailing add	ress (if different): SAME
4. Date of incorpor	ration/qualification: 10/21/2016Document number: P16000084828
	reet address of the current registered agent and registered office on life with the tent of State: (If resigned, enter resigned)
C	ORPORATION COMPANY OF MIAMI
2	00 S BISCAYNE BLVD, SUITE 4100 (PLM)
	11AMI, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered effice (if changed):	
А	SUAREZ CPA
9	280 SW 21 STREET PO Box NOT acceptable
<u>N</u>	MAMI, FL 33165
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the L	nuthorized by resolution duly adopted by its board of directors or by an officer so opard, or the corporation has been notified in writing of the change.
	S PENAS OFFICER
I herely accept the I further agree to c performance of my agent. Or, if this a hereby confirm tha	Famolice or difector appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered locument is being filed merely to reflect a change in the registered office address, I at the corporation has been notified in writing of this change.
Signatu	1. 1/h 1 6/26/17
If signing on behal	ř
Typed	or Printed Name

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

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