## P1700009441

| (Req                                    | uestor's Name)   |             |  |  |
|---|------------------|-------------|--|--|
| (Add                                    | ress)            |             |  |  |
| (Add                                    | ress)            |             |  |  |
| (City                                   | /State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Bus                                    | iness Entity Nar | ne)         |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
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C. GOLDEN MAR 1 6 2018

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: DryPro Inc   |  |  |  |  |
| Name of Corporation   |  |  |  |  |
| DOCUMENT NUMBER: P17000009441   |  |  |  |  |
| 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:   |  |  |  |  |
| Marco Madrid  |  |  |  |  |
| Name of Contact Person  |  |  |  |  |
| DryPro Inc  |  |  |  |  |
| Firm/Company  |  |  |  |  |
| 8466 N Lockwood Ridge Rd #182   |  |  |  |  |
| Address   |  |  |  |  |
| Sarasota, Florida 34203   |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |
| Admin@CallDryProNow.com   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
|   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Marco Madrid Name of Contact Person  Name of Contact Person  at (941 ) 445-0622  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

| statement of change is subm   | nitted for a corporation of   | 0502, 607.1508, or 617.1508, Florida Statute. rganized under the laws of the State of Florida   |                    |  |  |
|---|---|---|--------------------|--|--|
| •   | •   | gistered agent, or both, in the State of Florida  |                    |  |  |
| 1. The name of the corporation: DryPro Inc  |   |   |                    |  |  |
| 2. The principal office addre<br>Sarasota, Florida  |   | ood Ridge Rd #182   |                    |  |  |
| 3. The mailing address (if di   | ifferent):  |   |                    |  |  |
| 4. Date of incorporation/qua  | alification: 08/01/201  | 6 Document number: P1700000   | 9441               |  |  |
| 5. The name and street addre<br>Florida Department of Sta   | _   | ed agent and registered office on file with the igned)  |                    |  |  |
| Resigne   | ed  |   |                    |  |  |
|   | MADRID, MARCO   | <del></del> .   |                    |  |  |
|   |   | DD RIDGE RD. #182   | 2015               |  |  |
|   | SARASOTA, FL 34   | 1243  | ÷                  |  |  |
| 6. The name and street addre (if changed):  | ess of the new registered   | agent (if changed) and /or registered office  | C 1                |  |  |
| TMF Investment Group LLC  |   | LC  | ເວັ                |  |  |
| 3171 57th Avenue Cir E  |   |   | 55                 |  |  |
| 5 .   | P.O. Box. NOT acceptable  |   |                    |  |  |
| Bradent   | ton, Florida 34203  | <u> </u>  |                    |  |  |
| The street address of its reg<br>as changed will be identical   | eistered office and the str<br>I.   | reet address of the business office of its regist   | tered agent,       |  |  |
| Such change was authorized authorized by the board, or  | d by resolution duly adop<br>the corporation has beer   | pted by its board of directors or by an officer<br>i notified in writing of the change.   | so                 |  |  |
| Adrian Tolentino  |   |   |                    |  |  |
| Signature of an officer of  |   | Printed or typed name and title   |                    |  |  |
| I hereby accept the appoint I further agree to comply w performance of my duties, c agent. Or, if this document hereby confirm that the cor | ment as registered agent<br>ith the provisions of all s<br>and I am familiar with ar<br>is being filed merely to<br>poration has been notific | t and agree to act in this capacity.<br>statutes relative to the proper and complete<br>ul accept the obligation of my position as reg<br>reflect a change in the registered office addr<br>ed in writing of this change. | gistered<br>ess, I |  |  |
|   |   | March 7, 2018   |                    |  |  |
| Signature of Registe  | ered Agent  | Date  |                    |  |  |
| If signing on behalf of an er   | ntity:  |   |                    |  |  |
| Marco Madrid  |   |   |                    |  |  |
| Typed or Printed Y  | Name  |   |                    |  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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