PIT 000057157

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COVER LETTER

Amendment Section Division of Corporations

TO:

Toronto shouling
SUBJECT: Tranzfactor Inc. Name of Corporation
DOCUMENT NUMBER: 7170000 57157
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:
Carl Mize Name of Contact Person
Tranzfactor Inc. Firm/Company
1143 Brentwood Point
Brentwood, TN 37027 City/State and Zip Code
Carletranzfactor.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Car Mize at (S61) 420 - 9214 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of change	is submitted for a corpo	102, 617.0502, 607.1508, ration organized under t lice or registered agent, o	he laws of the State of	Florida	
	orporation: Tranzfactor I		,	,	,
		Brentwood	Point, Bi	centwood,	TN 37027
	Fran	Mallony LN, Klin, TN	37067		
4. Date of incorporat	ion/qualification: 7/3	B/17 Docur	nent number: <u>P170</u>	0000571	57
5. The name and stre	et address of the current at of State: (If resigned, of the Current Mize 255 Dim	registered agent and reg			
(if changed):	gistered Agents		l) and /or registered o	2021 SEP -	M E
790	01 4th St N STE 300	P.O. Box NOT acceptable		ယ o	T
St.	Petersburg FL 3	·			
•		d the street address of th uly adopted by its board ass been notified in writ		ىي . its registered ag el	nt,
	ard, or the corporation i	as been notified in writ	ing of the change. Mize Printed or typed name and to	(P)	
I hereby accept the a I further agree to co performance of my d agent. Or, if this doc hereby confirm that t	ppointment as registere inply with the provisions uties, and I am familiar cument is being filed me the corporation has bee	ed agent and agree to ac s of all statutes relative with and accept the obl rely to reflect a change n notified in writing of t	t in this capacity. to the proper and cor igation of my positio in the registered offi his change.	nplete n as registered ce address, I	
Bel Home			8/31/21		
•	of Registered Agent		Date		
If signing on behalf of	of an entity:				
Bill Havre	Printed Name				

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