

P17000072155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

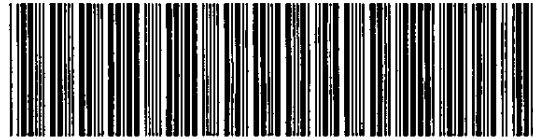
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000303406160

09/13/17--01012--024 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 13 AM 11:51

FILED

rlachg
SEP 15 2017
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TITA HEALTHCARE INC.
Name of Corporation

DOCUMENT NUMBER: P17000072155

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:

EMMANUEL N. TITA
Name of Contact Person

Firm/Company

12811 N. NEBRASKA AVE STE J
Address

TAMPA, FL 33612
City/State and Zip Code

emmanueltita@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Tita at (813) 382-8482
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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TITA HEALTHCARE INC.
2. The principal office address: 12811 N. NEBRASKA AVE STE J
TAMPA, FL 33612
3. The mailing address (if different): P.O. BOX 17614, TAMPA, FL
33682
4. Date of incorporation/qualification: 8/28/17 Document number: P17000072155
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)

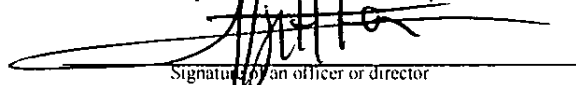
Emmanuel N. TITA
12811 N NEBRASKA AVE STE J
TAMPA, FL 33612

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

EMMANUEL N. TITA
31734 SPOONFLOWER CIR.
P.O. Box NOT acceptable
WESLEY CHAPEL, FL 33545

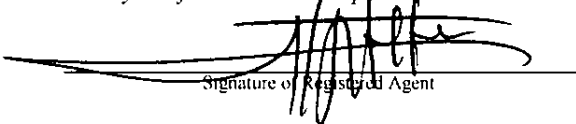
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

EMMANUEL TITA 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.


Signature of Registered Agent

9/6/2017
Date

If signing on behalf of an entity:

TITA HEALTHCARE INC.
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 13 AM 11:51

FILED