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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

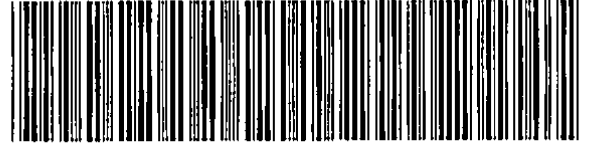
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2019 AUG 23 AM 9:15

SEC. OF STATE

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AUG 28 2019

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2019

CORPORATION SERVICE COMPANY
TENDAJI INC.

SUBJECT: TENDAJI INC.
Ref. Number: P17000078212

RESUBMIT

Please give original
submission date as file date.

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00017551

19 AUG 27 AM 10:51

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 895320 8282492

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : August 23, 2019

ORDER TIME : 10:08 AM

ORDER NO. : 895320-005

CUSTOMER NO: 8282492

CHANGE OF AGENT

NAME: TENDAJI INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tendaji Inc.

Name of Corporation

DOCUMENT NUMBER: P17000078212

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:

Carno I Payne

Name of Contact Person

Tendaji Inc.

Firm/Company

201 SW 2nd Ave Suite 113

Address

Florida City FL 33034

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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 FL in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Tendaji Inc.
2. The principal office address: 201 SW 2nd Ave Suite 113 Fkiruda City, FL 33034
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/27/2017 Document number: P17000078212
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)

Carno I Payne

201 SW 2nd Ave Suite 113

Florida City

FL 33034

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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 of directors, and is hereby confirmed in writing of the change.

[Signature]
Signature of an officer or director

CARNO I PAYNE
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.

Corporation Service Company
By: [Signature]
Signature of Registered Agent

8/27/2019
Date

If signing on behalf of an entity:

Roxanne Turner

Asst. Vice President

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)

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2019 AUG 23 AM 9:15
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TALLAHASSEE, FL