## P18000022-861

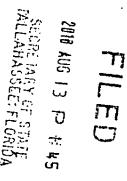
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations
SUBJECT: TUYGI CONSULTING INC  Name of Corporation
DOCUMENT NUMBER: 180000 22861
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:
Maor Turgeman Name of Contact Person  Turgi Con Sylting Inc
Firm/Company
170 Paramount Dr unit-408
Sarasta, FL, 34232 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Muor turgoman at (813), 577 - 9627  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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section



July 30, 2018

mAOR TURGEMAN 170 PARAMOUNT DR UNIT 408 SARASOTA, FL 34232

SUBJECT: TURGI CONSULTING INC.

Ref. Number: P18000022861

We have received your document for TURGI CONSULTING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

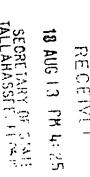
Please have a officer or director sign the document.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 418A00015647



## 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: by Tury's Consulting INC  2. The principal office address: 170 Paramount Dr. Unit Hor
Sarasota FL 3h232
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/07/18 Document number: P1800002286
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)
83.74 Market St, FL 34202 T
6. The name and street address of the new registered agent (if changed) and (or registered of 1500)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sarasota, FL, 34232
Sarusota, FL, 34232 P.O. Box NOT acceptable
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 of director  Maor Turgeman  Printed or type dname 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  July 07/21/18
If signing on behalf of an entity:
Maor Tury Man

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