P18000028577

Office Use Only



300325272663

02/27/19--01018--011 **35.00



R. WHITE EDD 18 CO

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Thomas Under, Manufacturer's Representative, Inc.
DOCUMENT NUMBER: P 180 000 285 77
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:
Thomas Unere
Traine of Contact Person
Firm/Company
310 Ruby Lake Loop
Winter Hoven, F-2 33884 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Urdora at (B14) 522 4669 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provision statement of change is su in order to chan	bmitted for	a corpora	tion orga	nized una	er the laws of	the State of	FLORION	_
1. The name of the corpo	ration:	Thomas	. Uno	IR M	mornique	es Represe	<u>את הרג</u> ים	ع سرتم
2. The principal office ac								
						3/		
3. The mailing address (i	f different)	:	<u></u>					
4. Date of incorporation/	qualificatio	n: <u>3/2</u> 2	5/2018	De	eument numb	ner: <u>\$180</u> .	00028:	527
5. The name and street ac Florida Department of	State: (If r	esigned, en	der resigr	ned)	registered of	lice on file with	n the	
_101	NB	RAND	Beva	<u>). </u>				~ 3
_6	KNON	LE	('A	912	<u>'03</u>		A SE	2019 FEB
6. The name and street ac (if changed):							se E	27
	homas	<u>U</u> ~	61K				67. 15. 55.	70
3	10 1	Puby 1	LAKE	Loop	2	······································	温温	2: 5
					33884		Li.	9
The street address of its as changed will be ident	registered ical.	office and	the street	t address (of the busines	s office of its	registered ag	gent.
Such change was author authorized by the board,	ized by res or the con	olution dui poration ha	ly adopte is been no	d by its botified in	oard of direct writing of the	ors or by an of change.	ficer so	
Highware of an oth	cer or director			_7/	ans Uni	ped name and title	s den-	_
I hereby accept the appo I further agree to comply performance of my dutie agent. Or, if this docum hereby confirm that the	v with the p s, and I an ent is being	provisions 1 familiar v 2 filed mer	of all sta with and a wlv to ref	tutes rela accept the lect a cha	tive to the pro Pobligation of nge in the red	per and comp I my position a zistered office	is registered	
Mu-	_				2/25/	2019		
Signature of Re	gistered Agent					Date		
If signing on behalf of a	n entity:							
Typed or Prin	ted Name		_					

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