15129570210

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(((H22000211350 3)))



H220002113503ABCQ

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	To: Division of Corporations Fax Number : (850)617-6380		
: 27	From: Account Name : REGISTERED AGENT SOLUTION Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274	LAHAS	1.7 NOC 2707
N 21 PM 12:		to be used for futures ddress please.**	RT 11 - 0 Z
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REGISTERED AGENT CHANGE TVPX YACHT ESCROW INC.

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H22000211350 3

COVER LETTER

TO:

Amendment Section

15129570210

Division of Corporations
GUBJECT: TVPX YACHT ESCROW INC
Name of Corporation
DOCUMENT NUMBER: P19000009722
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:
Joshua Murphy
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Murphy Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607,0502, 617 inge is submitted for a corporation o					.s	
in orde	er to change its registered office or re	gistered	agent, or hot	h, in the State of I	Florida.		
I. The name of	the corporation: TVPX YACHT	ESCR	OW INC				
2. The principal	office address: 2352 MAIN STRE	EET, SI	JITE 201 C	CONCORD, M	A 01742		
3. The mailing a	address (if different):			· ··-			
4. Date of incor	poration/qualification: 1/28/2019		_ Document :	number: P1900	0009722	2	
	d street address of the current register rtment of State: (If resigned, enter res		and registere	ed office on file w	ith the		
	BLUMBERGEXCELSIOR CO	ORPOF	RATE SER	VICES, INC.			
	155 OFFICE PLAZA DRIVE,		1ST F	L.	_		
	TALLAHASSEE		FL	32301			
(if changed):	Registered Agent Solu					2	
	155 Office Plaza Dr.		Suite A		포함 프립	2022 JUN 2	
	Tallahassee	O. Box NO	racceptable 3230°	4			'n
	I dildild5566		3230	<u> </u>	- 天真	21	,
The street addn as changed will	ess of its registered office and the st be identical.	reet addi	ess of the bu	siness office of i	ts registered	d agent.	Ī
Such change was authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by n notific	its board of o d in writing o	directors or by an of the change.	officer;so	l: 02	•
	ine Silverman	F <u>ra</u>	ıncine Silv	/erman	VICE		
l further agrée of my duties, ar docúment is bei corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this cha	statutes obligati in the res	relative to th on of my pos	e proper and cor ition as revistere	nplete perfo ed agent. O by confirm	ormance r, if this that the	
Modean	zidt	0	6/17/2022	2			
Sig	mature of Registered Agent	_		Date			
If signing on be	half of an entity:						
	Assistant Secretary						
ĭ	yped or Printed Name						
	* * * FILING						

COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: Name of Corporation	ROW INC
DOCUMENT NUMBER: P19000009	722
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, plea	se call:
Joshua Murphy	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

→ 18506176380

CR2E045 (04/13)

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

Such change was authorized by the Franc Signature of the reby accept I further agree to finy duties, and document is bei	ess of its registered office and the se be identical. as authorized by resolution duly added board, or the corporation has been ine Silverman to or an officer or director the appointment as registered age to comply with the provisions of all and familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change.	Francine Siles and agree to act in statutes relative to the obligation of my point the registered office.	directors or by an of the change. lverman need or typed name and to this capacity, the proper and commissition as registered the address, I hereb	Vice President
Such change was authorized by the /s/ Franc	as authorized by resolution duly ad- ne board, or the corporation has bee ine Silverman	opted by its board of in notified in writing Francine Sil	directors or by an of the change.	officer so Vice President
=				
TL 11			.*	
	Tallahassee	FL 3230)1	_
	155 Office Plaza Dr.	O. Box NOT acceptable)2
The name and (if changed):	Registered Agent Solu	,	nd /or registered off	2022 JUN 21 AM II: 02 SECRETARY OF STATE
	TALLAHASSEE	FL	32301	2 JUN 2
	155 OFFICE PLAZA DRIVE	STE A		202 SE
	REGISTERED AGENT	SOLUTIONS,II	NC.	_
	I street address of the current registe tment of State: (If resigned, enter re		red office on file wi	th the
•	poration/qualification: 1/28/2019	Document	number: P1900	0009722
3. The mailing a	ddress (if different):			
The name of t The principal	the corporation: TVPX YACHT office address: 2352 MAIN STR	EET, SUITE 201	CONCORD, M	A 01742
	. TVPY VACHT		nn, in ine siale of r	юниа.
in orae	r to change its registered office or re	evisierea avent ar no	all in the Canan of E	Nami da

* * * 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 (04/13)