

P19 0000 214 26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

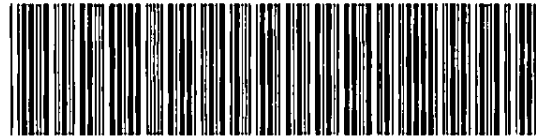
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. & SEC. AFF. R.  
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QM  
3/23/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TABONA, INC  
Name of Corporation

**DOCUMENT NUMBER:** P19000021426

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:

Trakouri Sanders  
Name of Contact Person

Tabona, INC  
Firm/Company

3104 NORTH ARMENIA AVE suite 2  
Address

Tampa FL 33607  
City/State and Zip Code

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

For further information concerning this matter, please call:

TRAKOURI Sanders at ( 321 ) 888 7518  
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

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

- 1. The name of the corporation: TABONG, INC
- 2. The principal office address: 3104 NORTH ARMenia AVE suite 2  
tampa FL 33607
- 3. The mailing address (if different): PO BOX 290054 tampa FL 33687
- 4. Date of incorporation/qualification: 03/06/2019 Document number: P19000021426
- 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)

SANDERS, TRAKOURI  
841 Prudential Dr 12th Floor  
Jacksonville, FL 32207

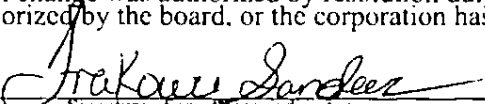
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SANDERS, TRAKOURI  
3104 NORTH ARMenia AVE suite 2  
P.O. Box NOT acceptable  
TAMPA, FL 33607

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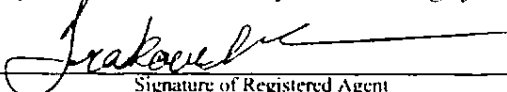
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Trakour Sanders  
 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

03/05/2020  
 Date

If signing on behalf of an entity:

Trakour Sanders  
 Typed or Printed Name

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