

P19000 041 151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

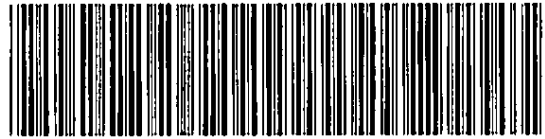
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900337298819

11/22/19--01010--020 **35.00

2019 NOV 22 PM 3:04

R. WHITE
DEC 19 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T S AUTO WHOLESALE INC

Name of Corporation

DOCUMENT NUMBER: P19000041151

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:

DA SILVA

Name of Contact Person

T S AUTO WHOLESALE INC

Firm/Company

18580 E COLONIAL DR

Address

ORLANDO, FL 32820

City/State and Zip Code

dasilvathiago04@gmail.com

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

For further information concerning this matter, please call:

DA SILVA

Name of Contact Person

at (718) 333-1620

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

1. The name of the corporation: T S AUTO WHOLESALE INC
2. The principal office address: 18580 E COLONIAL DR
ORLANDO, FL 32820
3. The mailing address (if different): same

4. Date of incorporation/qualification: 05/09/2019 Document number: P19000041151

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)

BARAO DA SILVA, IAN VICTOR (Remove)

18580 E COLONIAL DR ORLANDO, FL 32820

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

CESAR NEIVA (ADD)

18580 E COLONIAL DR ORLANDO, FL 32820

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.

Ian Victor Barao Da Silva
Signature of an officer or director

BARAO DA SILVA, IAN VICTOR

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.

Cesar Neiva
Signature of Registered Agent

11/18/19

Date

If signing on behalf of an entity:

CESAR NEIVA

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
CR2F045 (03/12)

2019 NOV 22 PM 3:04