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2020 AUG 13 AM 8: 14 SCORETARY OF STATE

TQ 10/01/120

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tj1919 Inc.	
Name of Corporation	
DOCUMENT NUMBER: P190000	68223
The enclosed Statement of Change of	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Thomas B Paladino	
Name of Contact Person	
TJ 1919 I	
Firm/Company	
1847 ELKINS POINT DR	
Address	
MELBOURNE, FL 32935	
City/State and Zip Code	
cpaladino19@g	mail.com
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning	this matter, please call:
Chris Paladino	at (321)482-3005
Name of Contact Per	rson at (321)482-3005 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pa	iyable to the Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporate	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 323	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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	Florida
1. The name of t	the corporation: TJ1919 Inc.		
	office address: 1847 Elkins Point Dr	·	
3. The mailing a	ddress (if different): same		
4. Date of incorp	poration/qualification: 08/26/2019	Document number: P19000	068223
5. The name and		ered agent and registered office on file	
	Thomas B Paladino		
	1847 Elkins Point dr		<u> </u>
	Melbourne Fl, 32935		<u> </u>
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered of	office
	1847 Elkins Point dr		
	Melbourne Fl, 32935	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change wanthorized by	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so
	2/1/1	Thomas B Paladino	
	re of an officer of director	Printed or typed name and	I title
I further agree of my duties, ar document is bei	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and co he obligation of my position as register e in the registered office address. I her hange.	omplete performance red agent. Or, if this eby confirm that the
		Aug 6, 2020	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		2
			020
1	yped or Printed Name	NG FEE: \$35.00 * * *	2020 AUG
		TO FLORIDA DEPARTMENT OF STATE	TAN G
M CR2E045 (04/13)	MAKE CHECKS PATABLE I	ons, P.O. Box 6327, Tallahassee, F	