P21000090457

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: TYR9, INC. of Corporation	
Name	of Corporation	
DOCU	JMENT NUMBER: P21000090457	
The en	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	•	•
	S. Munizzi. Esq.	
Name	of Contact Person	
The M	unizzi Law Firm	
Firm/C	Company	
101 N.	. Woodland Blvd., Suite 601	
Addre	SS	
DeLan	nd, FL 32720	
City/S	tate and Zip Code	
	Legal@MunizziLaw.com	
E-mai	il address: (to be used for future annua	l report notification)
r c.	at in Comments and a state while was a	wlana sall.
For Iu	rther information concerning this matter, p	piease caii:
Justin	S. Munizzi	21 / 407 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Contact Person	at (407) 501-5500 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
		C
	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

CR2E045 (04/13)

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: TYR9, INC.			
2. The principal office address: 10516 CARDERA DR RIVERVIEW, FL 33578			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 10/18/2021 Document number: P21000090457			
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)			
KENNETH S. COX			
2818 SUMMER SWAN DR			
2818 SUMMER SWAN DR ORLANDO. FL 32825 ORLANDO. FL 32825			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
The Munizzi Law Firm	See		
101 N. Woodland Blvd., Suite 601			
P.O. Box NOT acceptable			
DeLand, FL 32720			
The street address of its registered office and the street address of the business office of its registered a as changed will be identical.	gent.		
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.			
GREGORY S. UCHIMURA GREGORY S. CHIMURA GREGORY S. UCHIMURA			
Signature of an officer or director 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered office address. I hereby confirm the corporation has been notified in writing of this change.	nance if this ut the		
10th Mr. 8/16/2024			
Signature of Registered Agent Date If signing on behalf of an entity:			
Justin S. Munizzi			
Typed or Printed Name			

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

binder

Final Audit Report

2024-08-16

Created:

2024-08-16

Ву:

David Quiroz (david@munizzilaw.com)

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Signed

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