

P22000000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLahassee, FL

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2022 FEB 25 PM 3:18

ALLAHASSEE, FL 32310

O SIMMONS
FEB 28 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956

Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/25/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1003297

ORDER ENTITY

TIMEWAVER USA CO.

PLEASE PERFORM THE FOLLOWING SERVICES:

TIMEWAVER USA CO. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: twwhite@sundocfilings.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: TIMEWAVER USA CO.
2. The principal office address: 5504 SUNSET LANDING CIR, ST. AUGUSTINE, FL 32080
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/04/2022 Document number: P22000000518
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)

NEUKAMM, MICHAEL E

301 E. PINE ST STE 1400

ORLANDO, FL 32801

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

Universal Registered Agents, Inc.

1317 California Street

P.O. Box NOT acceptable

Tallahassee, Florida 32304

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]
Signature of an officer or director

Alexander Lelling
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.*

/s/ Stan Huser
Signature of Registered Agent

1/10/2022

Date

If signing on behalf of an entity:

Stan Huser
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
CR2E045 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

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