## P2200000796Z

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SECRETARY OF SECULATIONS

ALLAHASSEF F. SECULATI

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TOUCH STONE OF CENTRAL FLORDIA INC. Name of Corporation
DOCUMENT NUMBER: P2200000 7962
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:
TERSA A. GARCIA  Name of Contact Person  TOUGH STONE OF CENTRAL FLORINA INC  Firm/Company
FIRM/Company
5525 404 AVE
SSSS 404 AVE Address  Vero Beach FL 32967  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (914) 403-9537  Area Code & Daytime Telephone Number
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

CR2E045 (04/13)

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation	organized under the la	aws of the State of _			
	the corporation: Touch		_			
2. The principal	office address: 5505	40 Ave		Beach		
3. The mailing a	ddress (if different);					
	poration/qualification: 01-24.			00007962		
5. The name and Florida Depar	I street address of the current regist tment of State: (If resigned, enter r	esigned)				
	(Legal 2a CorporATION AC	OM) UNITED	O STATES			
	COPPORATION AE	FENTS INC				
	3575 S SEMORA	w BLUD	36			
	Street address of the new registere	32822 d agent (if changed) ar	nd/or registered offi	2022 FEB 14 SECRETARY FALL ARIASS		
	5525 40th A	ve		[1]		
	Tessa Ann 5525 40th A Vew Beach	P.O. Box NOT acceptable PL 32	2967	AH 9: 12		
The street addre as changed will	ss of its registered office and the sbe identical.	street address of the bu	usiness office of its	registered agent,		
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	lopted by its board of en notified in writing	directors or by an o	officer so		
Signature	a Har cia	1es	SA GARCI	2		
I hereby accept to I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered age o comply with the provisions of al I am familiar with and accept th ig filed merely to reflect a change been notified in writing of this ch	ent and agree to act in Il statutes relative to the e obligation of my pos in the registered offic ange.	this capacity, he proper and comp sition as registered se address, I hereby	plete performance agent. Or, if this confirm that the		
Jen	ature of Registered Agent		9 - 8 - 20 3 Date			
Sign	ature of Registered Agent		Date			
f signing on beh	nalf of an entity:					
Ty	ped or Printed Name					

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

MAKE CHECKS PAYARIE TO FLORIDA DEDARTMENT OF STATE