

P97000071835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

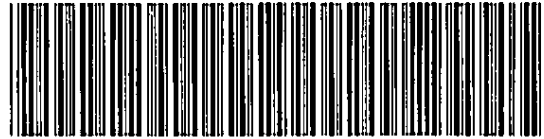
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

JQ 10/28/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tiger Trace Investigations<Inc  
Name of Corporation

**DOCUMENT NUMBER:** P97000071835

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:

Barbara Schweitzer

Name of Contact Person

Schweitzer Realty, Inc

Firm/Company

1391 NW St Lucie West Blvd #300

Address

Port St Lucie FL 34986

City/State and Zip Code

barbtrace@gmail.com

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

For further information concerning this matter, please call:

Barbara Schweitzer

Name of Contact Person

at (954)605-3979

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

**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 \_\_\_\_\_  
FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tiger Trace Investigations, Inc

2. The principal office address: 1391 NW St. Lucie West Blvd Suite 300  
Port St Lucie FL 34986

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/19/1997 Document number: ~~886770277~~ P 97000071835

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)

Drew Schweitzer

7154 N University Dr Ste 310

Tamarac FL 33321

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

Barbara Schweitzer

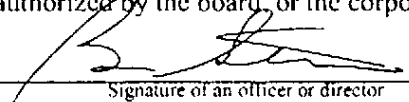
1391 NW St Lucie West Blvd

P.O. Box NOT acceptable

Port St Lucie FL 34986

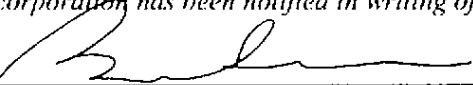
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

BARBARA Schweitzer Pres  
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.

  
Signature of Registered Agent

9/20/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)