

P97000106318

Requestor's Name

TCB PRODUCTS, INC.
7685 MATOAKA ROAD
SARASOTA FLORIDA 34243

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Photocopy

☐ Certificate of Status

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TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-06/01/98-01136-002
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Each
for
6.9*

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: TCB PRODUCTS, INC.
2. The mailing address of the corporation is: 7685 MATOAKA RD
SARASOTA FLORIDA 34243
3. Date of incorporation/qualification: JAN 20TH 1998 Document number: P980000006408
4. The name and address of the current registered agent and office:

NONE RECENTLY RESIGNED

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MICHAEL C. RICHARDS

7685 MATOAKA RD.

SARASOTA, FL 34243

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.

(Signature of an officer, chairman or vice chairman of the board)

LINDSAY ALEX ROLFE CHAIRMAN

(Printed or typed name and title)

20TH MAY 1998

(Date)

20TH MAY 1998

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Michael G. Furber

(Signature of Registered Agent)

27TH MAY 1998

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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