P98000057910

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TALLAHASSEE, FLORIDA

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T. LEWIS

COVER LETTER

TO: **Amendment Section** Division of Corporations TZFAT INC SUBJECT: Name of Corporation P98000057910 **DOCUMENT NUMBER:** 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: Avi Ben-Joseph Name of Contact Person TZFAT INC Firm/Company 4611 S University Drive #220 Address Davie Florida 33328 City/State and Zip Code tobiasdesign@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Avi Ben-Joseph Area Code & Daytime Telephone Number Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Staturgarian $\frac{1}{2}$ Florida Staturgarian $\frac{1}{2}$ Florida State of	da
1. The name of t	he corporation: TZFAT, Inc.		
2. The principal	office address: 4611 S Univers	ity Drive #220 Davie Florida 333	328
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/26/199	8 Document number: P980000	57910
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with thigned)	he
	Ben-Joseph, Avi		
	8655 SW 57 Place		TA SE
	Cooper City, Florida 3332		SECRETARY
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	™ مـــرابابا
	Avi Ben-Joseph		AM IO: 50 OF STATE E. FLORIES
	4611 S Univeristy Drive #2	220	<u> </u>
	Davie Florida 33328	NOT acceptable	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its reg	gistered agent,
Such change wa authorized by th	s authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an offic i notified in writing of the change.	er so
	Beal"	Avi Ben-Joseph	
I hereby accept I further geree t	the of an officer of director the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with ar is document is being filed merely to that the corporation has been notifi	Printed or typed name and title It and agree to act in this capacity. It statutes relative to the proper and complet It accept the obligation of my position as a It reflect a change in the registered office aa It writing of this change.	re registered ldress, I
,	BEN	09/27/2012	
Sign	nature of Registered Agent	Date	,
If signing on be	half of an entity:		
Arm	how Rept-Jus 97h Appel or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)