Pagecco 59217

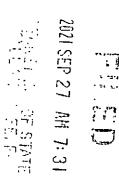
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(engrenate)_pin mene ny				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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09/27/21--01030--005 **35.00





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

statement of cha	provisions of sections 607.05 inge is submitted for a corpor ir to change its registered offi	ration organized	under the laws of the S	State of Florida	his
1. The name of	the corporation: TPS Realty, I	nc.			
2. The principal office address: 12820 SW 10th Ct, Davie, FL 33325					
3. The mailing a	ıddress (if different):				
4. Date of incorporation/qualification: June 30, 1999 Document number: P99000059217					
	I street address of the current timent of State: (If resigned, c		and registered office o	n file with the	
	Smith, Timothy P - resigned a	is registered agen	and director		
6. The name and (if changed):	I street address of the new reg Thelda Vanover	gistered agent (if	changed) and /or regis	2021 SEP 27	er -may H H
	12820 SW 10th Ct			_	
	Davie, FL 33325	P.O. Box NO	'acceptable	M 7:3	t in
The street address changed will	ess of its registered office and be identical.	d the street addi	ess of the business off	fice of its register	ed agent.
	as authorized by resolution d to board, or the corporation l			or by an officer songe.)
/ /l	re of an officer of director	Ti	mothy P Smith PD Printed or typed in	ame and title	
I furthèr agrée of my duties, an document is bei	the appointment as registere to comply with the provision ad I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	s of all statutes cept the obligati change in the res	ree to act in this capac relative to the proper on of mv position as re gistered office address	city. and complete per egistered agent. , I hereby confirm	formanc Or, if this n that the
Shille There			ptember 22, 2021		
Sig	nature of Registered Agent		Date		
If signing on bo	half of an entity:				
Thelda Vanover					
1	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: TPS Realty, Inc. Name of Corporation					
DOCUMENT NUMBER: P99000059217					
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:					
Thelda Vanover					
Name of Contact Person					
TPS Realty, Inc.					
Firm/Company					
12820 SW 10th Ct					
Address					
Davie, FL 33325					
City/State and Zip Code					
deevano@gmail.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, p	lease call:				
Thelda Vanover	at (954)328-2077 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the l	Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
Tallana866, FL 32314	2410 14. MOING SHEEK SHIE GIO				

Tallahassee, FL 32303

CR2E045 (04/13)