

N180000008035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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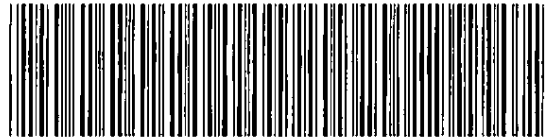
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUL 24 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLACDIS  
Name of Corporation

**DOCUMENT NUMBER:** N1800000 8035

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:

Peggy Hickman Treasurer  
Name of Contact Person

FLACDIS  
Firm/Company

1022 Lennox Way  
NEW=Address

Melbourne, FL 32940  
City/State and Zip Code

PeggyHickman 40@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Hickman at ( 321 ) 794-6578  
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

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

1. The name of the corporation: FLACDIS Corp
2. The principal office address: 701 W. Cocoa Beach Eswy, Cocoa Beach FL 32931
3. The mailing address (if different): 1515 Cunningham Ave. Merritt Island FL
4. Date of incorporation/qualification: 07/24/2018 Document number: N1800008035
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)

Resigned Treasurer Karen K. Williams  
1515 Cunningham Ave.  
Merritt Island, FL 32952

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

Peggy Hickman - Treasurer  
1022 Lennex Way  
P.O. Box NOT acceptable  
Melbourne, FL 32940

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.

Karen K. Williams  
Signature of an officer or director

Karen K. Williams - Treasurer  
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.

Peggy Nickman  
Signature of Registered Agent

5/28/2023  
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)