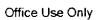
P99000039936

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





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COVER LETTER

TO:

Amendment Section Division of Corporations

	•
SUBJECT: COMMFLO Corporation Name of Corporation	
DOCUMENT NUMBER: P99000039936	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Mary Lu Kiley	
Name of Contact Person	
COMMFLO Corporation	
Firm/Company	
768 Grasslands Village Circle	
Address	
Lakeland, Fl 33803	
City/State and Zip Code	
superadmin@commflo.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Mary Lu Kiley	31 (863) 602-0899
Name of Contact Person	at (863) 602-0899 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of <mark>Flori</mark> or to change its registered office or registered agent, or both, in the State of Flor	ida
1. The name of	the corporation: COMMFLO Corporation	
2. The principal	office address: 768 Grasslands Village Circle, Lakeland, FL 33803 oodward St. Lakeland, FL 33803	
3. The mailing a	address (if different): Same	
4. Date of incor	poration/qualification: 04/28/1999 Document number: P990000399	36
	d street address of the current registered agent and registered office on file with triment of State: (If resigned, enter resigned)	he
	Mary Lu Kiley	5:3
	829 Woodward St.	2778 NOV 16
	Lakeland, FL 33803	16
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Mary Lu Kiley	PH 3: 45
	768 Grasslands Village Circle	
	P.O. Box NOT acceptable	
	Lakeland, FL 33803	
	ess of its registered office and the street address of the business office of its related to the identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer so
J Kyhn Signatu	re of an office for director MARY Lie XILE-Y Printed or typed hame and tifle	, VPST
I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and compl nd I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address. I hereby s been notified in writing of this change.	ete performan agent. Or, if th confirm that t
I hay his	mature of Registered Agent 11/04/20 Date	
If signing on bo	chalf of an entity:	
MARY	Lu Kiloy for Comarco CocrocATIIM Sped or Printed Name	
	+ + + I'II INIO TIPIT, GOS AA + + +	

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