

P2100004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

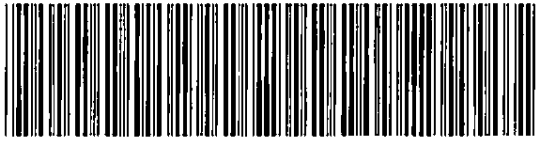
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL INFORMATION CONTAINED
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FEB 05
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BATES DISTRIBUTION INC.
Name of Corporation

DOCUMENT NUMBER: P21000041528

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:

Jeffrey Bates

Name of Contact Person

BATES DISTRIBUTION INC.

Firm/Company

633 E Red House Branch Rd

Address

St Augustine, FL 32084

City/State and Zip Code

jeff3360604@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Bates

Name of Contact Person

at (352) 2458423

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: BATES DISTRIBUTION INC.

2. The principal office address: 633 E Red House Branch Rd, St Augustine FL 32084

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/30/2021 Document number: P21000041528

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)

Jeffrey Bates
2550 GOLDEN LAKE LOOP
ST AUGUSTINE, FL 32084

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

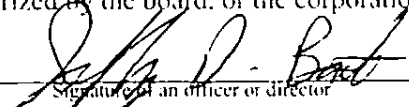
Jeffrey Bates
633 E Red House Branch Rd
St Augustine FL 32084

P.O. Box NOT acceptable

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TALLAHASSEE H.Q. 107

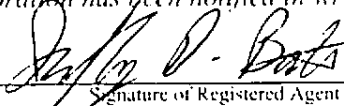
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Jeffrey Bates, Director
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.


Signature of Registered Agent

12/28/2023
Date

If signing on behalf of an entity:

Jeffrey Bates
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)