

203719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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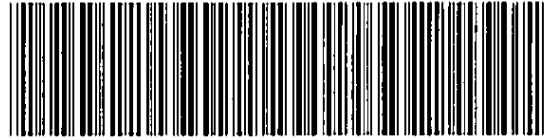
(Business Entity Name)

(Document Number)

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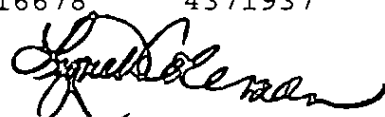
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

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CLERK OF SUPERIOR  
COURT  
JUL 23 PM 4:28  
TALLAHASSEE, FL

ACCOUNT NO. : I20000000195

REFERENCE : 316678 4371937

AUTHORIZATION :



COST LIMIT : \$ 35.00

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ORDER DATE : July 23, 2018

ORDER TIME : 8:45 AM

ORDER NO. : 316678-005

CUSTOMER NO: 4371937  
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CHANGE OF AGENT

NAME: LOUIS WOHL & SONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOUIS WOHL & SONS, INC.  
\_\_\_\_\_

Name of Corporation

**DOCUMENT NUMBER:** 230719  
\_\_\_\_\_

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:

Michelsa Calderon  
\_\_\_\_\_

Name of Contact Person

Trivest Partners  
\_\_\_\_\_

Firm/Company

550 South Dixie Highway, Suite 300  
\_\_\_\_\_

Address

Coral Gables, FL 33146  
\_\_\_\_\_

City/State and Zip Code

mcalderson@trivest.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Michelsa Calderon  
\_\_\_\_\_

Name of Contact Person

at ( 305 ) 858-2200

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

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

1. The name of the corporation: Louis Wohl & Sons, Inc.  
2. The principal office address: 11101 N. 46th Street, Tampa, FL 33617

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/25/1957 Document number: 203719

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 Simon

11101 N. 46th Street

Tampa, FL 33617

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

David Gershman

Signature of an officer or director

David Gershman, Executive VP

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.*

Corporation Service Company

By: Roxanne Turner  
Signature of Registered Agent

7/24/18  
Date

If signing on behalf of an entity:

Roxanne Turner  
Asst. Vice President

Typed or Printed Name

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