

335980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

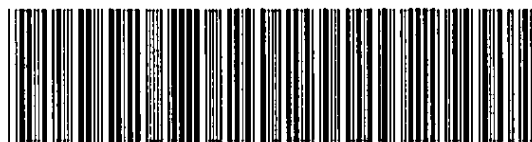
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2021 OCT 28 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2021
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2021

MICHELLE D. GARIS
MCROBERTS SALES CO., INC.
P.O. BOX 489
RUSKIN, FL 33575-0489

SUBJECT: MCROBERTS SALES CO., INC.
Ref. Number: 335980

We have received your document for MCROBERTS SALES CO., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 721A00023603

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McRoberts Sales Co., Inc.
Name of Corporation

DOCUMENT NUMBER: 335980

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:

Michelle D. Garis

Name of Contact Person

McRoberts Sales Co., Inc.

Firm/Company

P.O. Box 489

Address

Ruskin, FL 33575-0489

City/State and Zip Code

michelle@microbertssales.com

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

For further information concerning this matter, please call:

Michelle D. Garis

Name of Contact Person

at (813) 645-2561

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: McRoberts Sales Co., Inc.
2. The principal office address: 701 South U.S. Highway 41, Suite D, Ruskin, FL 33570
3. The mailing address (if different): P.O. Box 489, Ruskin, FL 33575-0489
4. Date of incorporation/qualification: 10/04/1968 Document number: 335980
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)

Kathi L. Davis (deceased)

11802 Big Bear Circle

Riverview, FL 33579

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

Michelle D. Garis

1210 Acappella Lane

P.O. Box NOT acceptable

Apollo Beach, FL 33572

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

Michelle D. Garis, President

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

10/08/2021

Date

If signing on behalf of an entity:

McRoberts Sales Co., Inc.

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)

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