

429088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

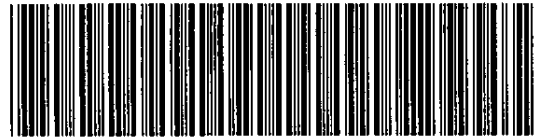
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
17 APR -7 PM 2:32

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIFORM NAMETAPE COMPANY, INC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNATHON MICHAEL COLMAN

Name of Person

UNIFORM NAMETAPE COMPANY, INC.

Firm/Company

5701 S. DALE MABRY HWY

Address

TAMPA, FL 33611

City/State and Zip Code

JOHN.MICHAEL@UNIFORMNAMETAPE.COM

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

For further information concerning this matter, please call:

JOHNATHON MICHAEL COLMAN at ( 813 ) 839-6737

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR -7 PM 2:32



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2017

JOHNATHON MICHAEL COLMAN  
UNIFORM NAMETAPE COMPANY, INC.  
5701 S DALE MABRY HWY  
TAMPA, FL 33611

SUBJECT: UNIFORM NAMETAPE COMPANY, INC.  
Ref. Number: 429088

We have received your document for UNIFORM NAMETAPE COMPANY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company Registered Agent Change, but your entity is a Corporation Registered Agent Change. Please complete and return the enclosed blank form(s).

Please be aware that the filing fee is different. We will need an additional \$10.00.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 317A00005702

RECEIVED  
17 APR -7 PM 1:42  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Uniform Nametape Company, Inc.  
2. The principal office address: 5701 S. Dale Mabry Hwy., Tampa, FL 33611  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/25/1973 Document number: 429088

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)

Colman, John Michael / Colman, John M.  
Registered Agent / President  
5701 S. Dale Mabry Hwy., Tampa, FL 33611

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

Johnathon Michael Colman  
Registered Agent and President  
P.O. Box NOT acceptable  
5701 S. Dale Mabry Hwy., Tampa, FL 33611

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DIVISION OF CORPORATIONS  
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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.

222  
Signature of an officer or director

Johnathon Michael Colman  
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.

222  
Signature of Registered Agent

4/5/17  
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 (03/12)