

503132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

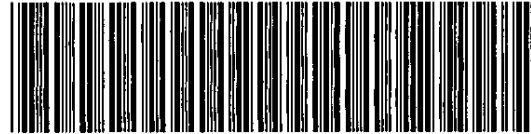
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2017 APR 27 AM 9:50

V HERRING
MAY -1 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2017

STEWART OXYGEN SERVICE OF CENTRAL FLORIDA, IC.
8994 SEMINOLE BLVD. #6
SEMINOLE, FL 33772

SUBJECT: STEWART OXYGEN SERVICE OF CENTRAL FLORIDA, INC.
Ref. Number: 503132

We have received your document for STEWART OXYGEN SERVICE OF CENTRAL FLORIDA, 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) 245-6050.

Valerie Herring
Regulatory Specialist II

Letter Number: 417A00006546



SOS TECHNOLOGIES
8994 SEMINOLE BLVD. SUITE 6
SEMINOLE, FL 33772

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

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: STEWART OXYGEN SERVICE OF CENTRAL FLORIDA, INC.
2. The principal office address: 8994 SEMINOLE BLVD. #6, SEMINOLE, FL 33772
3. The mailing address (if different): 11125 PARK BLVD, SUITE 104-116, SEMINOLE, FL 33772
4. Date of incorporation/qualification: 05/13/1976 Document number: 503132
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)

KENNETH WODEHOUSE

1111 SW 17TH STREET

FORT LAUDERDALE

FL 33315

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

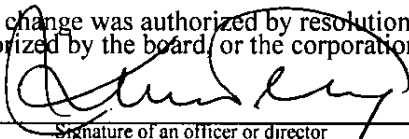
Tallahassee

FL 32301

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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.


Signature of an officer or director

Kenneth Wodehouse
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: 
Signature of Registered Agent

4/15/17
Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President

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)