

751465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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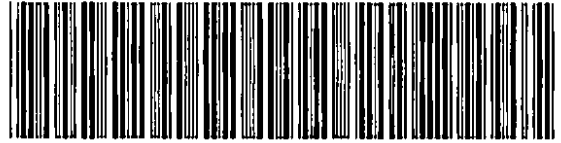
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Munroe Auxiliary, Inc.
Name of Corporation

DOCUMENT NUMBER: 751465

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:

John Christman
Name of Contact Person
Munroe Auxiliary, Inc.
Firm/Company
PO Box 3174
Address
Ocala, FL 34478-3174
City/State and Zip Code
jchristmanku@gmail.com

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

For further information concerning this matter, please call:

John Christman at (407) 953-9381
Name of Contact Person 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