F01000001338

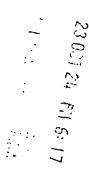
	(Requestor's Name)					
	(Address)					
	(Address)					
-	(City/State/Zip/Phone	#)				
PICK-UF	P WAIT	MAIL				
	(Business Entity Name	e)				
(Document Number)						
Certified Copies	Certificates o	of Status				
Special Instructions	to Filing Officer:					
		J. HORRE				
		J. HORNE NOV = 3, 2023				
<u> </u>						





300417863663

11/124/23--11015--508 **59 17



COVER LETTER

TO:	Amendment Section Division of Corporations	** **
	ECT: H. Wayne Klekamp, Inc.	
Name (of Corporation	
DOCU	MENT NUMBER: F01000001338	
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
H. Way	ne Klekamp, JR.	
Name o	of Contact Person	
H. Way	rne Klekamp, Inc.	
Firm/C	ompany	
905 16t	h Place Unit B	
Addres	s	
Vero B	each, FL 32960	
City/St	ate and Zip Code	
	ap@abcamping.com	
E-mail	address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	lease call:
H. Way	me Klekamp JR.	584 3628 x 101
	Name of Contact Person	at (772) 584 3628 x 101 Area Code & Daytime Telephone Number
Enclose	ed 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections nge is submitted for a r to change its registe	corporation o	rganized	under the law.	s of the State	e of Ohio	<u> </u>
	0 0	••	_	ageni, or ooin	, in ine state	zoj riorii	иа.
1. The name of t	he corporation: H. Wa	th Place Unit R	Vero Res	ech El 32060			<u></u>
2. The principal	office address: 905 16		, velo Bez	1 2 32 700			
3. The mailing a	ddress (if different): _	<u> </u>					
4. Date of incorp	Document number: F01000001338						
	street address of the trment of State: (If res			and registered	office on fi	le with th	ie
	resigned						
							.>
							30
			_				- i - i
The name and (if changed):	street address of the	new registered	agent (if	changed) and	or registere	d office	47 50
	H. Wayne Klekamp, J	r,				•	ē:
	905 16th Place Unit B				<u>. </u>		8
		P.(O. Box NOT	acceptable		<u> </u>	
	Vero Beach, FL 32960)					
The street addre	ss of its registered of be identical.	fice and the st	reet addre	ess of the bus	iness office	of its reg	sistered agent,
Such change wa authorized by th	is authorized by resolute board, or the corpo	ution duly ado ration has bee	opted by in notified	ts board of di l in writing of	rectors or b	y an offic	er so
	√ /		Н.	Wayne Klekar	np JR , VP		
_	e of an officer or director				or typed name		
I jurther agree t of my duties, an	the appointment as ro o comply with the pro d I am familiar with o ng filed merely to ref been notified in writ	ovisions of all and accept the	statutes r obligatio	elative to the	proper and	l complete stered ago	ent Or if this
	\/		10.	18.2023			
J	nature of Registered Agent half of an entity:				Date		
Ту	ped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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