Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000289724 3)))



H190002897243ABC9

To:	
	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : REGISTERED AGENT SOLUTIONS INC
	Account Number : I20100000062
	Phone : (888)705-7274
	Fax Number : (888)706-7274

REGISTERED AGENT CHANGE REITHOFFER EQUIPMENT COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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→ 18506176380

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Reithoffer Equipment Company, Inc.

Name of Corporation

DOCUMENT NUMBER, F02000002396

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

Margot Mullin

Name of Contact Person

,888 _ ,705-727

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.056 ange is submitted for a corpore or to change its registered offic	ation organized under	the laws of the State of Per	<u>insylvani</u> a
1. The name of	the corporation: Reithoffe	er Equipment	Company, Inc.	
2. The principal	office address: 9022 WIC	GINS ROAD	GIBSONTON, FL	33534
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 5/14	/2002 Docu	ment number: F020000	002396
	d street address of the current retrient of State: (If resigned, er	nter resigned)	_	c
	1200 SOUTH PINE ISL	AND ROAD		2019
	PLANTATION	F	L 33324	ج
6. The name and (if changed):	street address of the new regi Registered Age	_	•	٥ =
	155 Office Plaz		te A	8:1:9
	Tallahassee	P.O. Box NOT acceptable	2301	
The street address changed will	ess of its registered office and be identical.	the street address of t	the business office of its regi	stered agent,
	as authorized by resolution du ne board, or the corporation ha			
	nne Reithoffer re of an officer or director	Maria	nne Reithoffer Tr	easurer
i jurther agree i performance of avent. Or, if thi	the appointment as registered to comply with the provisions my duties, and I am familiar vis document is being filed mer that the corporation has been	of all statutes relative with and accept the ol- selv to reflect a chanv	e to the proper and complete bligation of my position as re e in the registered office add	oni clorari
Modea Sign	and of Registered Agent	09/27/	/2019	
If signing on bel	half of an entity:			
Mackenzie H	lart - Assistant Secreta	ry		
Ту	ped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE