## F-05000007080

(Requestor's Name)						
(Add	iress)					
(Address)						
(City	/State/Zip/Phone	∍ #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nan	ne)				
(Doc	ument Number)	·				
Certified Copies	Certificates	of Status				
Special Instructions to F	iling Officer:					
<del></del>	<del></del>					

Office Use Only



600337018426







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 052799 7882961
AUTHORIZATION: Spelle was
COST LIMIT : \$ 35.00
ORDER DATE: November 14, 2019
ORDER TIME : 3:50 PM
ORDER NO. : 051499-005
CUSTOMER NO: 7882961
CHANGE OF AGENT
NAME: W. SOULE & CO.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Kadesha Roberson
EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Amend Division	on of Corporations	
SUBJECT:		
	Name of Co	prporation
DOCUMENT	F05000007080 NUMBER:	·····
The enclosed S	statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return a	ll correspondence concerning this matter	to the following:
	Howard Dembs	
	Name of Con	tact Person
	W. Soule & Co.	
	Firm/Cor	npany
	7125 S. Sprinkle Rd	
	Addre	ess
	Kalamazoo MI 49002	
	City/State and	I Zip Code
	hdembs@wsoule.com	
	E-mail address: (to be used for fu	ture annual report notification)
For further info	rmation concerning this matter, please ca	all:
Howard Dembs		269 324-7001 at ()
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departn	nent 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

CR2E045 (03/12)

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

Pursuant to the provisions of statement of change is submi in order to change i		ganized under the la	ws of the State o	f Florida
1. The name of the corporation	on: W. Soule & Co.			
2. The principal office addres	7125 S. Sprinkle Rd K	(alamazoo MI 4900)	2	
3. The mailing address (if dif	ferent):			
4. Date of incorporation/qual	ification: 12/05/2005	Document	number: F0500	00007080
5. The name and street addre Florida Department of Stat	<del>-</del>		ed office on file	with the
Rick Dingm	an-Deceased			26
826 FIRST	STREET SOUTH			H9 HO
WINTER HA	AVEN, FL 33880			- · · · · · · · · · · · · · · · · · · ·
6. The name and street addre (if changed):	ss of the new registered a	gent (if changed) an	d /or registered (	90:01:19 11 AON 6102
Corporation	Service Company			80
1201 Hays	Street			_
<b>T</b> - N = t =		NOT acceptable	20204	
Tallahasses	· · · · · · · · · · · · · · · · · · ·	FL	32301 —————	_
The street address of its regi as changed will be identical.				
Such change was authorized authorized by the board, or t	by resolution duly adop he corporation has been	ted by its board of o notified in writing o	directors or by a of the change.	n officer so
<del>\</del>	<del>-/</del>	Howard Dembs	s, CFO	
Signature of an officer of	rdirector	Printe	ed or typed name and	title
I hereby accept the appoints I further agree to comply wi performance of my duties, a agent. Or, if this document hereby confirm that the corp Corporation Service	th the provisions of all sl nd I am familiar with and is being filed merely to r poration has been notified	and agree to act in latutes relative to th d accept the obligat eflect a change in th d in writing of this o	this capacity. The proper and co Tion of my position The registered off Change.	omplete on as registered lice address, I
By:		11/14/2019		
Signature of Register	ed Agent		Date	
If signing on behalf of an en	tity:			
Typed or Printed N	ame			

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