# F01000004390

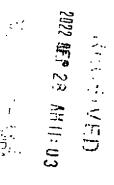
(Requestor's Name)				
(	(Address)			
	(Address)			
,	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)			
<del></del>	(Document Number)			
·	(,			
Certified Copies	_ Certificates of St	atus		
<u> </u>	_			
Special Instructions to	Filing Officer:			
	J. HORNE			
	SEP 29 2022			
	_			

Office Use Only



400394915074





### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/28/2022	_		⇔WALK IN**
ENTITY NAME GEOR	GE BUTLER ASSOC	CIATES, INC.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER_			
	**PLEASE FILE T	THE ATTACHED AND RETURN**	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
##	PLEASE OBTAIN THE I	FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Art	ts & Amendments	
	Certificate of Good St	Canding	
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$35		ACCOUNT #: I20160000	072
		5 8 FM	
Please call Time at t	the ahave number kan	and issues or concerns. Thank was	so much!

#### **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: GEORGE BUTLER ASSOCIA Name of Corporation	
DOCUMENT NUMBER: F07000004390	
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
L FERRELL	
Name of Contact Person	
HARBOR COMPLIANCE	
Firm/Company	
1830 COLONIAL VILLAGE LN	
Address	
LANCASTER	
City/State and Zip Code	
PROFESSIONAL@HA	RBORCOMPLIANCE.COM
E-mail address: (to be used for future an	nual report notification)
·	•
For further information concerning this mat	ter, please call:
HARBOR COMPLIANCE	at ( 717 ) 459-9173
Name of Contact Person	at ( 717 ) 459-9173 Area Code & Daytime Telephone

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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of (	KS
1. The name of t	the corporation: GEORGE BUTL	ER ASSOCIATES, INC.	
	office address: 9801 Renner Blvd, L		
4. Date of incorp	poration/qualification: 08/30/2007 Document number: F07000004390		
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file wresigned)	rith the
	NRAI SERVICES, INC		_
	1200 South Pine Island Road		_
	Plantation, FL 33324		_
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered of	
	Registered Agents Inc.		2022 SEP
	7901 4th St N STE 300		· 영화 28
	P.O. Box NOT acceptable		THE T
	St. Petersburg FL 33702	<del>_</del> .	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of i	ts registere lagent,
Such change wa authorized by the	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
/s/ Shaun_M.	Kowitz	Shaun M. Kotwitz, Treasurer	
/s/ Shaun M. Kowitz Signature of an officer or director		Printed or typed name and I	itle
I nereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a ed I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and cor he obligation of my position as registere e in the registered office address, I here hange.	nplete performance ed agent. Or, if this by confirm that the
But Have Signature of Registered Agent		09/27/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
Т	yped or Printed Name		

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