

711000 000 833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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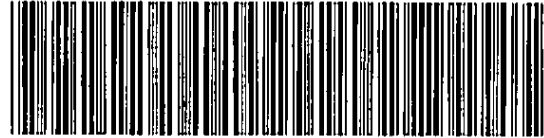
(Business Entity Name)

(Document Number)

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R. WHITE
DEC 11 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VANNIEKERK ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: F11000000833

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:

ALBERT VANNIEKERK
Name of Contact Person

VANNIEKERK ENTERPRISES, INC.
Firm/Company

PO BOX 51468
Address

JACKSONVILLE, FL 32240-4168
City/State and Zip Code

ADMIN@CDBLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY MACE at (904) 241.4015
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MINNESOTA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VANNIEKERK ENTERPRISES, INC.
2. The principal office address: 13809 DANFORTH DR S
JACKSONVILLE, FL 32224-2253
3. The mailing address (if different): PO BOX 51468
JACKSONVILLE, FL 32240-1468
4. Date of incorporation/qualification: 02/22/2011 Document number: F11000000833
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VANNIEKERK, ALBERT

1550 ROBERTS DR

JACKSONVILLE, FL 32250

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VANNIEKERK, ALBERT


13809 DANFORTH DR S

P.O. Box NOT acceptable

JACKSONVILLE, FL 32224-2253

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

ALBERT VANNIEKERK, PRESIDENT

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11/01/2019

Date

If signing on behalf of an entity:

ALBERT VANNIEKERK

Typed or Printed Name

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

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