

FI 00000 3005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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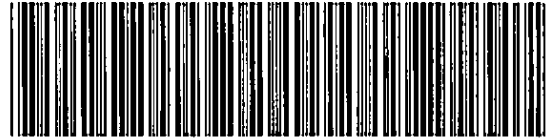
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JR 10/19/20

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Services CATADR, Inc  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** F11000003005  
\_\_\_\_\_

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:

Cheryl A Turner

\_\_\_\_\_  
Name of Contact Person  
Professional Services CATADR, Inc

\_\_\_\_\_  
Firm/Company  
1005 SE 10th St

\_\_\_\_\_  
Address  
Okeechobee, FL 34974

\_\_\_\_\_  
City/State and Zip Code  
caturner@mac.com

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

For further information concerning this matter, please call:

Cheryl A Turner

513-484-4780

\_\_\_\_\_  
Name of Contact Person at ( )  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303