orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	

REGISTERED AGENT CHANGE CAVCO INDUSTRIES, INC.

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Help

COVER LETTER

TO:	Amendment Section
	 Division of Corporations

15129570210

Cayon Industrias Inc

SUBJECT: CavCO muusmes,	IIIC.			
Name of Corporation	721		•	
DOCUMENT NUMBER: F1400003	0/31	-	-	
The enclosed Statement of Change of Registered Office	e/Agent and fe	e are submitted for	filing.	
Please return all correspondence concerning this matter	r to the followi	ng:		
Mary Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy, Ste 400				
Address				
Austin, Texas 78735			53	
City/State and Zip Code			023 h	
E-mail address: (to be used for future annual repor	t notification	<u> </u>	2023 MAY 1.0 Sect Jak (Tallahas	
For further information concerning this matter, please of	:all:		SEE, S	
Mary Castillo	at (888) 705-7274	F 3	
Name of Contact Person	Area Co	de & Daytime Tele	phone 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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.05 inge is submitted for a corpor ir to change its registered off	ration organized u	nder the la	iws of the State o	of Delaware	
	the corporation: Cavco 1					
2. The principal	office address: 3636 N.	Central Ave	Suite	1200 Phoe	enix, AZ 85	<u>501</u> 2
_	address (if different):				10000007	
4. Date of incorp	poration/qualification: 9/2/	2014	Document	number: F14	100000373	3 1
	I street address of the current trment of State: (If resigned, c		nd register	ed office on tile	with the	
	CORPORATIO	ON SERV	ICE C	OMPAN	1A	
	1201 HAYS STREET	•	***			
	TALLAHASSEE		FL	32301		21
6. The name and (if changed):	f street address of the new reg				TALL AH	2023 HAY 1 O
	Registered Age	ent Solution	ns, Ind	<u> </u>	ASS	S ^{PE} 3
	2894 Remington	Green Ln. S	Ste. A		m _{co}	A C
	Tallahassee	P.O. Box NOT as	3230	08	LAIE	8: 31
The street addre	ess of its registered office an be identical.	d the street addres	s of the b	asiness office o	f its registered a	gent,
Such change wa authorized by th	as authorized by resolution due board, or the corporation	luly adopted by its has been notified	board of in writing	directors or by of the change.	an officer so	
1st Steven K	. Like re of an officer or director	S <u>te</u>	ven K.	Like	Senior Vice F	President ——
I further agrée t of my duties, an document is bei	the appointment as registers a comply with the provision d I am familiar with and acc ng filed merely to reflect a c been notified in writing of t	s of all statutes re rept the obligation hange in the regis	lative to ti	he proper and c	complete perform cred agent. Or reby confirm the	nance if this at the
Ma	مان خال	05	/02/20	23		
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
1'y	rped or Printed Name					
	***	TLING FEE: \$3:	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)