

12/13/2019

F140000004881

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
FRANK J. SCHAEFER INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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DEC 16 2019
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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 KENTUCKY in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: FRANK J. SCHAEFER, INC.
2. The principal office address: 4716 PINEWOOD ROAD LOUISVILLE, KY 40218
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/26/1956 Document number: F1400004881

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)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ERIC J. SCHAEFER
8417 SUNSTATE STREET
TAMPA, FL 33634
P.O. Box NOT acceptable

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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 (Handwritten signature)

Jesse P. Wilson III - 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.

By: (Handwritten signature)
Signature of Registered Agent

December 6, 2019
Date

If signing on behalf of an entity:
Typed or Printed Name

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

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