

F 140000000083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

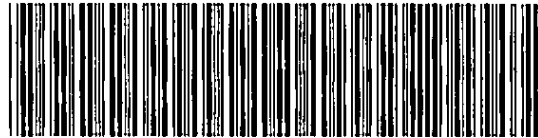
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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 11 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Serving My Community, Inc.

Name of Corporation

DOCUMENT NUMBER: F16000000083

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:

Keathel Chauncey, Esq.

Name of Contact Person

Fresh Legal Perspective, PL

Firm/Company

6930 W. Linebaugh Avenue

Address

Tampa, FL 33625

City/State and Zip Code

Contact@BLTFL.com

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

For further information concerning this matter, please call:

Keathel Chauncey, Esq.

Name of Contact Person

at (813) 448-1042

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

KEATHEL CHAUNCEY, ESQUIRE
6930 W. LINEBAUGH AVENUE
TAMPA, FL 33625

SUBJECT: SERVING MY COMMUNITY, INC
Ref. Number: F16000000083

We have received your document and check(s) totaling \$905.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00011611

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17 JUL 10 PM 2:52
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Serving My Community, Inc.
2. The principal office address: 6930 W. Linebaugh Avenue, Tampa, FL 33625
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/04/2016 Document number: F16000000083

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)

Fresh Legal Perspective, PL
3802 Ehrlich Road, Suite 308
Tampa, FL 33624

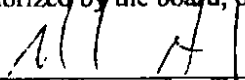
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fresh Legal Perspective, PL
6930 W. Linebaugh Avenue
Tampa, FL 33625

P.O. Box NOT acceptable

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

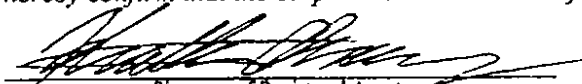
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael Higdon, 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

July 6, 2017
Date

If signing on behalf of an entity:

Keathel Chauncey, Esq.

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

CR2E045 (03/12)

FILED
2017 JUL 10 AM 7:52
TALLAHASSEE FLORIDA