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(Requestor's Name)							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 71/909 8269254						
AUTHORIZATION: Trackelle mon						
COST LIMIT : \$ 35.00						
ORDER DATE : April 5, 2019						
ORDER TIME : 9:59 AM						
ORDER NO. : 711909-020						
CUSTOMER NO: 8269254						
CHANGE OF AGENT						
NAME: PARK ENTERPRISE CONSTRUCTION COMPANY, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Lydia Cohen						

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 60 inge is submitted for a co r to change its registerea	rporation organized	under the la	ws of the State of	Ohio
	5 5		_	-	· ioriaa.
	the corporation: PARK El				
2. The principal	office address: 560 BAR	KS ROAD WEST, M	IARION, OH	43302	
		<u></u>	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification: 11	/3/2016	_ Document	number: F160000	004960
	I street address of the cur runent of State: (If resign		and registere	ed office on file w	ith the
	NRAI SERVICES, INC.				
	1200 SOUTH PINE ISL	AND ROAD			17/12 19 A
	PLANTATION, FL 3332	24			10000000000000000000000000000000000000
6. The name and (if changed):	I street address of the nev				APR -5 IN 9: 32
	Corporation Service Co	mpany		···	: 32
	1201 Hays Street				71*
		P.O. Box NOT accep	otable		
	Tallahassee		FL	32301	
The street addre	ess of its registered offic be identical.	e and the street addr	ess of the bu	isiness office of it	s registered agent,
authorized by u	as authorized by resolutione board, or the corporat	on duly adopted by i ion has been notified	tt iii wiiting (	of the change.	
	ic Park		ERIC I	PARK   PRES. ed or typed name and til	DENT
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as regi the appointment as regi to comply with the provi my duties, and I am fam is document is being file that the corporation has on Service Company	sions of all statutes viliar with and accepted ad merely to reflect a s been notified in wr	ree to act in relative to th ot the obligat a change in t	this capacity. The proper and contion of my position the registered office	aplete a as revistered
By:	nature of Registered Agent		7/2/1	Date	
2.18	Nature of Kesistered Asent		1 '		
If signing on be	chalf of aychet (Sohen Asst. Vice President	Lydia Cohen Asst. Vice President		•	
	yped or Printed Name				

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

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