

# F17000002215

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2018 MAY -7 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN  
MAY 10 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disaster Relief Restoration and Mold Remediation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F17000002215

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:

Gary Keller

Name of Contact Person

Disaster Relief Restoration and Mold Remediation, Inc.  
Firm/Company

8325 Princeton Rd

Address

Liberty Twp., Ohio 45044

City/State and Zip Code

garykellermotorsports@yahoo.com

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

For further information concerning this matter, please call:

Gary Keller

Name of Contact Person

at (513) 652-7301

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

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

1. The name of the corporation: Disaster Relief Restoration & Mold Remediation, Inc.
2. The principal office address: 8325 Princeton Rd  
Liberty Twp., Ohio 45044
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 15, 2017 Document number: F17000002215
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)

Gary Keller  
7239 Brookhaven Terrace  
Englewood, FL 34224

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

Gregory S. Anderson  
7239 Brookhaven Terrace  
Englewood, FL 34224

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.

Gary L. Keller  
Signature of an officer or director

Gary L. Keller  
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.*

Gregory S. Anderson  
Signature of Registered Agent

05/03/18  
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  
CR2E045 (03/12)

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