F18000000975

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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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HECRETARY OF STAFE ALLAHASSEE: FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	ALEXIS FIRE EQUIPMENT CO.
_	Name of Cornoration

-18000000975

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:

TINA GOFF

Name of Contact Person

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

Firm/Company

3458 LAKESHORE DRIVE

Address

TALLAHASSEE FL 32312

City/State and Zip Code

SUNSHINECORPORATE2014@GMAIL.COM

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

For further information concerning this matter, please call:

TINA GOFF

Name of Contact Person

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



September 4, 2019

TINA GOFF SUNSHINE STATE CORPORATE COMPLIANCE CO 3458 LAKESHORE DR TALLAHASSEE, FL 32312 CORRECTED
Please Allow For
Same File Date

SUBJECT: ALEXIS FIRE EQUIPMENT CO.

Ref. Number: F18000000975

We have received your document for ALEXIS FIRE EQUIPMENT CO. and your check(s) totaling \$380.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an officer or director sign the document.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 619A00018160

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TL

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of ILLINOIS
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: ALEXIS FIRE EQUIPMENT CO.
2. The principal of	office address: 109 E. BROADWAY, ALEXIS, IL 61412
· · · · · · · · · · · · · · · · · · ·	
3. The mailing ac	ddress (if different):
	0/00/00/0
4. Date of incorp	poration/qualification: 2/26/2018 Document number: F18000000975
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	SUNSHINE CORPORATE FILING OF FLORIDA, INC.
	3458 LAKESHORE DRIVE
	TALLAHASSEE, FL 32312
6. The name and (if changed):	3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 street address of the new registered agent (if changed) and /or registered toffice
	SUNSHINE STATE CORPORATE COMPLIANCE COMPANY
••	P.O. Box NOT acceptable
,	
The street address as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatura	Christing Goff au Morizet per
I hereby accept t I further agree to performance of r agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	8/30/2019
Sign	ature of Registered Agent Date
If signing on beh	nalf of an entity:
Christina Go	
Ту _l	ped 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)