Florida Department of Sta

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(((H20000096067 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: URS AGENTS LLC

Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: garyt@plnkstontadd.com

REGISTERED AGENT CHANGE PINKSTON-TADD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAR 31 2020

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COVER LETTER

TO:

Amendment Section Division of Corporations

PINKSTON-TADD, INC.

F18000003241

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:

PINKSTON-TADD, INC.

407 Industrial Dr.

Dekalb, IL 60115

City/State and Zip Code

aryt@pinkstontadd.com
mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 Taliahassec, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

,,,

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

statement of c	hange is submitted for a corpora	92, 617.0502, 607.1508, or 617.1508, Florida State ation organized under the laws of the State of <u>IL</u> ce or registered agent, or both, in the State of Flori		
1. The name of the corporation: PINKSTON-TADD, INC. 2. The principal office address: 407 Industrial Dr., Dekalb, IL 60115				
3. The mailing	g address (if different);			
4. Date of face	prporation/qualification: 7/16	/2018	003241	
	and street address of the current repartment of State: (If resigned, en	registered agent and registered office on file with the transfer resigned)	ne	
	C T CORPORATI	ON SYSTEM		
	1200 SOUTH PIN	IE ISLAND ROAD		
	PLANTATION, FL	33324	2020 SEI	
6. The name a (if changed)	_	istered agent (if changed) and /or registered office	2020 HAR 30 SECRETAR TALLAHASS	
	URS AGENTS, LLC		مريي ليفتة	
	3458 LAKESHORE D	DRIVE	AM II: I	
	TALLAHASSEE, FL 3	P.O. Box NOT ecceptable	and G	
The street add as changed wi	ress of its registered office and	the street address of the business office of its reg	istered agent,	
Such change v uthorized by	was authorized by resolution dul the board, or the corporation ha	ly adopted by its board of directors or by an offices been notified in writing of the change.	er so	
Som	200	Gary Tadd, President	<u>. </u>	
	nim of a cinet or alcour of the appointment as registered of to comply with the provisions of my dulles, and I am familiar v his document is being filed mer n that the corporation has been	Printed or types mains to the time of types mains to the desired agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as rely to reflect a change in the registered office admostified in writing of this change.	s egistered dress, I	
The !	gleture of Registered Agent	3/30/2020		
•	chaif of an entity:			
	Walden, Assistant Sec	cretary		
	Typed or Printed Name			

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