

F20 00000 5025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

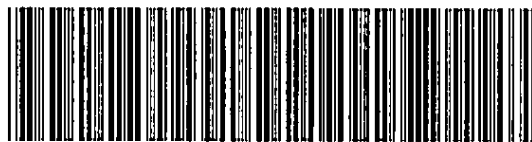
(Business Entity Name)

(Document Number)

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2022 MAY 31 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
AUG 16 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lowery Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F20000005025

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:

Kirk Morgan

Name of Contact Person

Lowery Corporation

Firm/Company

5555 Glenwood Hills Pkwy SE

Address

Grand Rapids, MI 49512

City/State and Zip Code

kmorgan@appliedimaging.com

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

For further information concerning this matter, please call:

Kirk Morgan

at (616)

915-2449

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: Lowery Corporation  
2. The principal office address: 5555 Glenwood Hills Pkwy SE  
Grand Rapids, MI 49512

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/09/20 Document number: F20000005025

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)

6604 Hamey Rd. Unit E & F  
Tampa, FL 33610

Robert Bell, registered agent

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

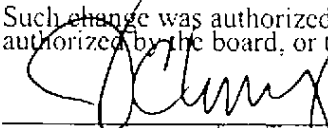
3801 Sugar Palm Dr.  
Tampa, FL 33619

P.O. Box NOT acceptable

- Change of address only -

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 authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

John C. Lowery  
\_\_\_\_\_  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE