

**F20000003114**

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

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

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

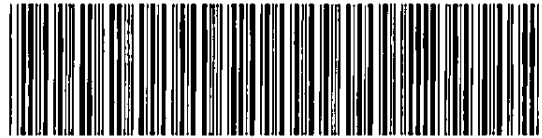
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**J. HORNE**

**APR 29 2024**

Office Use Only



**900426799949**

04/04/24--01026--001 \*\*35.00

**FILED**  
**2024 APR -4 PM 4:17**  
**CLERK OF SUPERIOR COURT**

CORP



*Incorporating the World, One  
Company At A Time*

Corp1, Inc.  
[www.corp1.com](http://www.corp1.com)

Colorado | [COorders@corp1.com](mailto:COorders@corp1.com)  
720-644-6144

Delaware | [orders@corp1.com](mailto:orders@corp1.com)  
302-736-3466

Wyoming | [WYorders@corp1.com](mailto:WYorders@corp1.com)  
307.200.2966



Greetings!

Please accept the attached Change of Registered Agent document for:

**Peter P. Turk Inc.**

And find enclosed a check for \$35.00.

Best Regards,  
Kylie

**Kylie Conrad**

Operations Manager, Nationwide

Direct: 720.823.9273

Email: [kconrad@corp1.com](mailto:kconrad@corp1.com)

Send requests to:

DE: [orders@corp1.com](mailto:orders@corp1.com)

CO: [coorders@corp1.com](mailto:coorders@corp1.com)

WY: [wyorders@corp1.com](mailto:wyorders@corp1.com)

NW: [nworders@corp1.com](mailto:nworders@corp1.com)

We'd love to hear your feedback!



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Peter P. Turk Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F21000003114

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:

Kylie Conrad & Kayla King

Name of Contact Person

Corpl. Inc.

Firm/Company

7700 E Arapahoe Rd Ste 220

Address

Centennial, CO 80112

City/State and Zip Code

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

For further information concerning this matter, please call:

Kylie Conrad at ( 720 ) 823-9273  
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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Peter P. Turk Inc.
2. The principal office address: 1801 N. MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/11/2021 Document number: F21000003114
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

Registered Agents Inc

7901 4th St N Ste 300

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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.

/s/ Peter P. Turk

Signature of an officer or director

Peter P. Turk, President

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.*

/s/ David Roberts

Signature of Registered Agent

4/1/2024

Date

If signing on behalf of an entity:

David Roberts

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 (04/13)

FILED  
2024 APR -14 PM 4:17  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS