

173059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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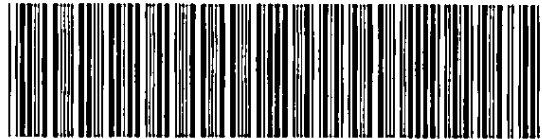
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REC'D 10/23/19
FILED 10/23/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tri-County Blue Print & Supply Co. Inc.
Name of Corporation

DOCUMENT NUMBER: F73059

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:

Rebecca Mendenhall
Name of Contact Person

Tri-County Blue Print & Supply Co. Inc.
Firm/Company

1850 Bay Street Suite # 110
Address

Fort Myers FL 33907
City/State and Zip Code

tricolorbluefl@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Mendenhall at (239) 939-2699
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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Oni-County Blue Print & Supply Co. Inc
2. The principal office address: 1850 Bay Street Dr. #110
Fort Myers, FL 33907
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1982 Document number: F73059

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)

Dwayne Mendenhall
914 SW 15th St
Cape Coral, FL 33991

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

Erich Kohl (ERICH KOHL)
4790 S CLEVELAND AVE #1505
P.O. Box NOT acceptable
Fort Myers, FL 33907

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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.

R Mendenhall
Signature of an officer or director

Rebecca Mendenhall Pres
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.

Eh Kohl
Signature of Registered Agent

4 Nov 19
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