

F96 000000 2928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

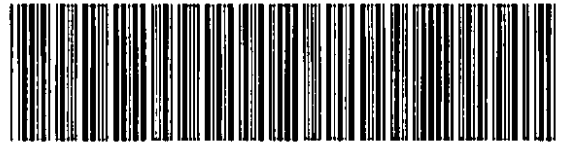
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR -4 AM 9:22

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CG
4/19/22

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: de maximis, inc
Name of Corporation

DOCUMENT NUMBER: F96000002928

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:

Fred McKay

Name of Contact Person

O&M Inc

Firm/Company

1320 28th Ave. N

Address

St. Petersburg FL

City/State and Zip Code

finckay@oandm-inc.com

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

For further information concerning this matter, please call:

Robert W Rule

Name of Contact Person

at (865)

691-5052

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

1. The name of the corporation: de maximis, inc
2. The principal office address: 450 Montbrook Lane, Knoxville, TN 37919
3. The mailing address (if different): same
4. Date of incorporation/qualification: 6/12/1996 Document number: F96000002928
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)

Joseph A Heinbuch

4006 Crockers Lake Blvd Unit 215

Sarasota FL 34238 US

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

Fred McKay

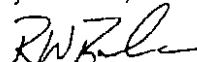
1320 28th Ave N

P.O. Box NOT acceptable

St Petersburg FL 33704

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

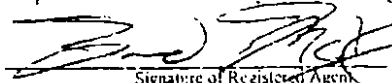
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Robert W Rule, CFO

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

3/21/22
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
CR2E045 (04/13)

STATE
TALLAHASSEE, FL

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