

F98 000000 6778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

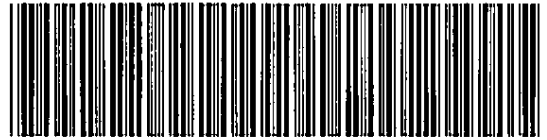
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2 KILL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEYL MANAGEMENT, INC.  
Name of Corporation

DOCUMENT NUMBER: F98000006778

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:

A.J. Swanson

Name of Contact Person

Arvid J. Swanson, P.C.

Firm/Company

27452 482nd Ave.

Address

Canton, SD 57013

City/State and Zip Code

aj@ajswanson.com

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

For further information concerning this matter, please call:

A.J. Swanson

Name of Contact Person

at (605)

743-2070

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

1. The name of the corporation: HEYL MANAGEMENT, INC.
2. The principal office address: 1809 N. LOUISE DR., SIOUX FALLS, SD 57107
3. The mailing address (if different): P.O. BOX 90410, SIOUX FALLS, SD 57107
4. Date of incorporation/qualification: DECEMBER 14, 1998 Document number: F98000006778
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)

JOE WHITFIELD

40311 FREEFALL AVE.

ZEPHYRHILLS, FLORIDA 33542

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

MATHEW GARRETT STEELE

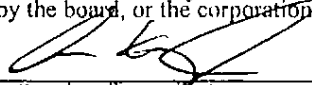
40311 FREEFALL AVE.

P.O. Box NOT acceptable

ZEPHYRHILLS, FLORIDA 33542

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

ALAN L. HEYL, DIRECTOR & CHAIRMAN

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

AUGUST 2, 2021

Date

If signing on behalf of an entity:

MATHEW STEELE  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FL.

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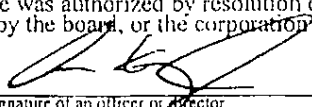
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P.O. Box NOT acceptable

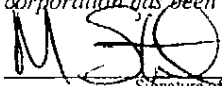
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Signature of an officer or director

ALAN L. HEYL, DIRECTOR & CHAIRMAN  
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\_\_\_\_\_  
Signature of Registered Agent

AUGUST 2, 2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

MATHEW STEELE  
\_\_\_\_\_  
Typed or Printed Name

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

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