H5CARI

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>. </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ
		

Office Use Only



800346775288 /

06/29/20--01008--013 **35.00

S TATE THE

7020 SEP 30 PH 6: 13



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2020

JOHN A WEICHEL JR. GARFAIR, INC. 1103 W DURWOOD CRES RICHMOND, VA 23229

SUBJECT: GARFAIR, INC. Ref. Number: H50981

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00015557

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Sarfair Inc. Name of Corporation
DOCUMENT NUMBER: H 50981
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:
ohn Alden Weichel J.
Name of Contact Person Gar fair Inc Firm/Company
1103 W Purwood Cres
Firm/Company 1103 W Purwood Cres Address R: Lmond VA 23229 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual refort notification)
For further information concerning this matter, please call:
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sar fair, Inc.
2. The principal office address: 103 W Durwood Cres Richmond VA 23229
3. The mailing address (if different): 5 a me 4. Date of incorporation/qualification: 02/07/1985 Document number: H 5 0 9 8 1
4. Date of incorporation/qualification: 02/07/1985 Document number: H 50981
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)
John A Weichel Ju
8319 /8th Ave NW
John A Weichel Ju 8819 18th Ave NW Bradenton FL 34209-8131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MICHAEL J. FULLER 30
2601 Cattlemen Rd. STF, 201
SARASOTA, FL 34232
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 for Source of 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 can 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. Thereby confirm that the corporation has been notified in writing of this change.
Signifiate of Registered Agent 9/25/2020
If signing on behalf of an entity:
MICHAEL J. FULLER

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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