

J35217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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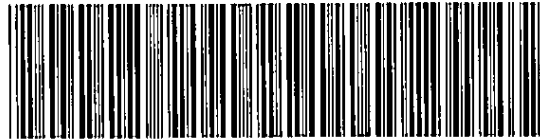
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 323

10/22/2021
JH
09/23/2021

HILL LAW ASSOCIATES, PLLC
230 COURT STREET SE
LIVE OAK, FLORIDA 32064

Telephone (386)362-1900

Telecopier (386)362-1902

September 2, 2021

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Jovita G. Skierski
Document Number: J35217

Dear Sir or Madam:

Enclosed you will find this firm's check # 12728 in the amount of \$70.00 along with a copy of the Following Documents.

1. Statement of Change of Registered Office or Registered Agent or Both for Corporations.
2. Officer/Director Resignation for a Corporation.

Should you have any questions, please do not hesitate to contact our office. Thank you for your courtesies and considerations in this matter.

Sincerely,



Paula K Thomas
Legal Assistant

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Enclosures as noted

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Live Oak Buy & Sell, Inc.
Name of Corporation

DOCUMENT NUMBER: J35217

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:

Dana E. Hill, Esquire

Name of Contact Person

Hill Law Associates, PLLC

Firm/Company

230 Court Street, S.E.

Address

Live Oak, FL 32064

City/State and Zip Code

jskierski52@hotmail.com

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

For further information concerning this matter, please call:

Dana E. Hill

Name of Contact Person

at (386) 362-1900

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

1. The name of the corporation: Live Oak Buy & Sell, Inc.
2. The principal office address: 209 N Ohio Ave., Live Oak, FL 32064
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/24/1986 Document number: J35217
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)

Samuel D. Skierski - resigned

209 N Ohio Ave.

Live Oak, FL 32064

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

Jovita G. Skierski

209 N Ohio Ave.

P.O. Box NOT acceptable

Live Oak, FL 32064

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.

Jovita G. Skierski
Signature of an officer or director

Jovita G. Skierski
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.

Jovita G. Skierski
Signature of Registered Agent

9/16/2021
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)

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