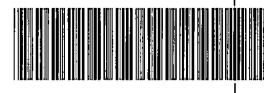
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Royal Utility Company

Name of Corporation

DOCUMENT NUMBER: IVI / U

M70309

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:

Scott Porten

Name of Contact Person

Royal Utility Company

Firm/Company

138 N Swinton Ave Suite A

Address

Delray Beach FL 33444

City/State and Zip Code

dsmith@portencompanies.com

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

For further information concerning this matter, please call:

Debbie Stackhouse

_.,561

523-5859

Name of Contact Person

Area Code & Daytime Telephone Numl

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 che	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	ized under the laws of the State of _		
	er to change its registered office or regist		Horida.	
1. The name of	the corporation: Royal Utility Com	pany		
2. The principal	l office address: 8900 Northwest 4	4th Court	-	
Coral Sp	orings FL 33065			
3. The mailing a	address (if different):		<u> </u> 	
4. Date of incor	poration/qualification: 03/02/1988	Document number: M7030	09	
	d street address of the current registered a artment of State: (If resigned, enter resigned)		ith the	
	Jock McCartney	<u>.</u>		
	8900 NW 44th Court			
	Coral Springs FL 33065			
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	fice	
	Scott Porten		27 45	
	138 N Swinton Ave Suite A		SET	
	P.O. Box NO	acceptable	5	
	Delray Beach FL 33444			
The street address of its registered office and the street address of the business office of its registere as changed will be identical.				
Such change wauthorized by t	ras authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an tifled in writing of the change.	officer so	
		Scott Porten VD		
I hereby accept I further agree performance of	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all state from the state of an end of the state	iccept the obligation of my position	aplete n as registe	
	\mathcal{J}	July 23, 2019		
Si	gnature of Rogistered Agent	Date		
	chalf of an entity:			
	ty Company Typed or Printed Name			
,	* * * FILING FE	E: \$35.00 * * *		
MAKE CHECKE DAVABLE TO ELODUNA DUBARTMENT OF STATE				

BOTH FOR CORPORATIONS

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)