

N04214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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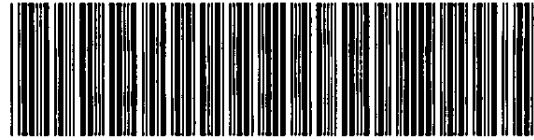
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILA CLERKS AND CHECKERS HOLDING CORPORATION

Name of Corporation

DOCUMENT NUMBER: N04214

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:

Donald Blalock

Name of Contact Person

I. L. A. Local 1691

Firm/Company

PO Box 2055

Address

Tampa, FL 33601-2055

City/State and Zip Code

ethridge360.db@gmail.com

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

For further information concerning this matter, please call:

Donald Blalock

Name of Contact Person

at (813) 786-4016

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: ILA CLERKS AND CHECKERS HOLDING CORPORATION
2. The principal office address: PO Box 2055
Tampa, Fl. 33601-2055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/15/2006 Document number: N04214
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)

Stephen Brannen

8107 High Corner Rd.

Brooksville, Fl. 34602

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

Donald Blalock

1909 Citrus Orchard Way

P.O. Box NOT acceptable

Valrico, Fl. 33594

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

DONALD BLALOCK
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

Feb 1, 2017
Date

If signing on behalf of an entity:

DONALD BLALOCK
Typed or Printed Name

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