

N0500000 4118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

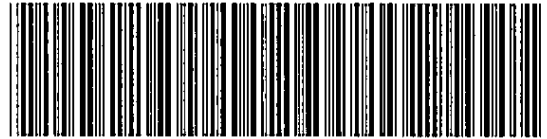
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/19--01013--011 *\$35.00

S. TALLENT

JUL 10 2019

FILED
2019 JUL 30 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

R/P - CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2019

FRANK MILMORE
RETROUVAILLE OF ORLANDO, INC.
1099 SHAFFER TRAIL
OVIEDO, FL 32765

SUBJECT: RETROUVAILLE OF ORLANDO, INC.
Ref. Number: N05000004118

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

THE NEW REGISTERED AGENTS NAME MUST ALSO BE LISTED UNDER
ITEM #6.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 319A00014740

2019 JUL 30 AM 11:49

RECEIVED

TO: Amendment Section
Division of Corporations

SUBJECT: Retrouvaille of Orlando, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000004118

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:

Frank Milmore

Name of Contact Person

Retrouvaille of Orlando, Inc.

Firm/Company

1099 Shaffer Trail

Address

Oviedo, FL 32765

City/State and Zip Code

fmilmore@earthlink.net

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

For further information concerning this matter, please call:

Frank Milmore

Name of Contact Person

at (407) 366-8941
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

I wish to the provisions of sections 007.0502, 017.0502, 007.1500, or 017.1500, 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: Retrouvaille of Orlando, Inc.
2. The principal office address: 1099 Shaffer Trail, Oviedo, FL 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/18/2005 Document number: N05000004118
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)

Resigned

GAREY, RONALD L. (FM)
3583 HOLIDAY ROAD
PALM BEACH GARDENS, FL 33410

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

FRANK MILMORE (FM)
1099 Shaffer Trail

Oviedo, FL 32765

P.O. Box NOT acceptable

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.

Don Warner
Signature of an officer or director

Don Warner - Director

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.

Frank Milmore
Signature of Registered Agent

7/5/2019
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 (03/12)

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