NGS000001782

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

TO:

Amendment Section Division of Corporations

SUBJECT: Citrus County Jeepers Name of Corporation				
Name of Corporation				
DOCUMENT NUMBER: N08000001782				
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Frank W Meyer				
Name of Contact Person				
Citrus County Jeepers				
Firm/Company				
1440 W Noble St.				
Address				
Lecanto, FL 34461				
City/State and Zip Code				
citruscountyjeepers@gma	il.com			
E-mail address: (to be used for future annua	l report notification)			
For further information concerning this matter,	please call:			
Frank W Meyer	at (352)220-0345			
Name of Contact Person	at (352)220-0345 Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check made payable to the	Department of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

CR2E045 (04/13)

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March 24, 2020

FRANK W MEYER 1440 W NOBLE ST. LECANTO, FL 34461

SUBJECT: CITRUS COUNTY JEEPERS INCORPORATED

Ref. Number: N08000001782

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 registered agent must sign accepting the designation.

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: 520A00006351

Querida R Moore Regulatory Specialist II

www.sunbiz.org



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re	rganized under the laws of the	State of Florida	. this	_
1. The name of	the corporation: CITRUS COUNTY	JEEPERS INCORPORATED			
	office address: 1440 W Noble St. L	ecanto, FL 34461			_
3. The mailing a	ddress (if different):				
	poration/qualification: 02/22/2008				
	d street address of the current register tment of State: (If resigned, enter res		on file with the		
	resigned				
	gaudette, bobby	_		202	V
	tbd, tbd, FL 34464			2020 APR -3	KOIS!
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or regi	stered office		FILED TARY OF OF COM-
	Frank W Meyer			PH 1: 02	14.3% 14.3%
	1440 W Noble St.			02	۲
) Box NOT acceptable			
	Lecanto, FL 34461				
The street address changed will	ess of its registered office and the st be identical.	reet address of the business of	ffice of its registe	ered agei	nt.
Such change wa authorized by th	s authorized by resolution duly ado se board, or the corporation has bee	opted by its board of directors in notified in writing of the cha	or by an officer ange.	so	
Signatu	My My Col an officer or director	JAMES 124 Printed or typed	name and title)	-
I hereby accept I furthér agree t of my duties, an document is bei, corporation has	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	it and agree to act in this cape statutes relative to the proper obligation of my position as i in the registered office addres nge.	icity. cand complete peregistered agent. s, I hereby confi	erformar Or, if the rm that t	nce his he
7ank Sign	nature of Registered Agent	1740	- 2020	حـــــــــــــــــــــــــــــــــــــ	, 0 -
If signing on be	half of an entity:	O.S.			
Janes	ped of Printed Name				

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