

MI0000 004 223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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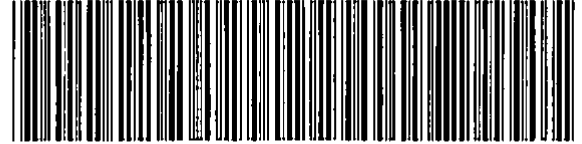
(Business Entity Name)

(Document Number)

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2018 AUG 16 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 20 2018
T. LEMUEX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RECOVER PINELLAS, INC.
Name of Corporation

DOCUMENT NUMBER: N10000004223

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:

SARA BISHOP
Name of Contact Person

RECOVER PINELLAS, INC.
Firm/Company

345 4th AVE N
Address

SAFETY HARBOR FL 34695
City/State and Zip Code

sara.bishop1@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Bishop at (727) 647-0084
Name of Contact Person 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: RECOVER PINELLAS, INC.
2. The principal office address: 3627 W. WATERS AVE (90 LSF)
TAMPA FL 33614
3. The mailing address (if different): 345 4th AVEN.
SAFETY HARBOR FL 34695
4. Date of incorporation/qualification: ? 2012 Document number: N10000004223
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

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

SARA BISHOP
345 4th AVEN

P.O. Box NOT acceptable

SAFETY HARBOR FL 34695

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Sara Bishop
Signature of an officer or director

SARA BISHOP PRESIDENT
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.

Sara Bishop
Signature of Registered Agent

8/7/19
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