

N13000010094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

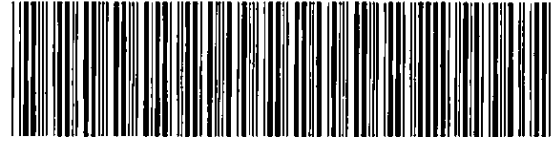
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wrecking Crew Gives, Inc.
Name of Corporation

DOCUMENT NUMBER: N13000010094

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:

Darren Sherwood

Name of Contact Person
Wrecking Crew Gives, Inc

Firm/Company
365 5th Ave S. #201

Address
Naples, FL 34102

City/State and Zip Code

darren@wreckingcrewgives.org

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

For further information concerning this matter, please call:

Darren Sherwood at (310) 779 8508
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 365 5th Ave S #201, Naples, FL 34102

4. Date of incorporation/qualification: 11-08-2013 Document number: N130000100924

Darren Sherwood
1100 8th Ave S #211B
Naples, FL 34102

Darren Sherwood
 410 E Ontario Street #1006
 Chicago, IL 60641
 P.O. Box NOT acceptable

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.

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.

If signing on behalf of an entity:

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

CR21045 (0.4/13)