

N15000002901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

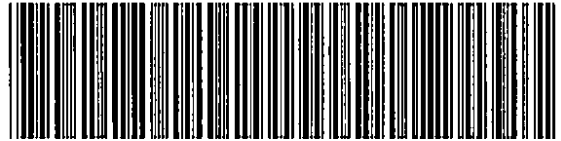
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R/H-CH

The Law Office of
Cassandra L. Denmark, LLC

Physical address:

**690 East Davidson Street
Bartow, Florida 33830**

Phone: (863) 533-7120

Fax: (863) 533-7174

Email: Cassandra@cldenmarklaw.com

Mailing Address:

**Post Office Box 1793
Bartow, Florida 33831-1793**

June 19, 2020

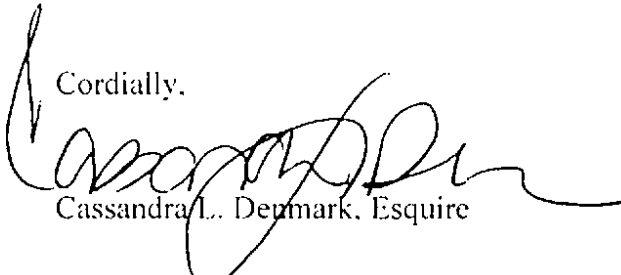
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Re: Resignation of Registrant Agent
St. James Transformation Lifestyle Zone, INC.
N15000002901**

To Whom It May Concern:

Enclosed you will find a Cover Letter, Statement of Resignation of Registered Agent for a Incorporation, and check # 3711 for \$35.00. If you have any questions, please contact: Leo Longworth at (863) 297-1505. leopsiphi@verizon.net.

Cordially,


Cassandra L. Denmark, Esquire

CLD-cm
Enclosures

cc: File

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. James Transformation Lifestyle Zone, Inc.
Name of Corporation

DOCUMENT NUMBER: N1500002901

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:

Cassandra L. Denmark

Name of Contact Person

Law Office of Cassandra L. Denmark, LLC

Firm/Company

Post Office Box 1793

Address

Bartow, Florida

City/State and Zip Code

33831

Leopsiphi@verizon.net

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

For further information concerning this matter, please call:

Leo Longworth

Name of Contact Person

at (863)

297-1505

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

**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: St. James Transformation Lifestyle Zone, Inc.
2. The principal office address: 795 S 4th Street, Bartow, Florida 33830

3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 25, 2015 Document number: N15000002901

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)

Cassandra L. Denmark
690 East Davidson Street
Bartow, Florida 33830

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

Leo Longworth
1395 E Magnolia Street
Bartow, Florida 33830
P.O. Box NOT acceptable

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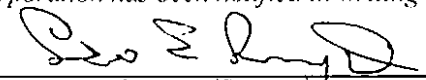
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Freddie Douglas D
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

6/18/2020
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 (04/13)