N170001583

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03/19/18--01008--003 **35.00

FILED 2018 SEP 19 PH 4: 33 SECRETARY OF STATE TALLAHASSEE, FL

C. GOLDEN SEP 2 0 2018

COVER LETTER

Amendment Section TO: **Division of Corporations**

SUBJECT: PicklePlex of Punta Gorda Inc

Name of Corporation

N17000001583 **DOCUMENT NUMBER:**

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:

Gloria Reilly
Name of Contact Person
PicklePlex of Punta Gorda
Firm/Company
130 E. Marion Ave. #512691
Address
Punta Gorda, FL 33951
City/State and Zip Code
gloria@pickleplex.org
gloria@picklepiex.org

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

For further information concerning this matter, please call:

Gloria Reilly

Name of Contact Person

314 757-4933 Area Code & Daytime Telephone Number at (

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

CR2E045 (03/12)

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: PicklePlex of Punta Gorda Inc.
- 2. The principal office address: (old) 1479 Wren Ct. Punta Gorda, FL 33950

new 1354 Agui Esta Drive, Punta Gorda, FL 33950

3. The mailing address (if different): 130 E. Marion Ave. #512691 Punta Gorda, FL 33951

4. Date of incorporation/qualification:	02/14/2017	Document number: N17000001583	

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)

	Kegeris, Ted	- v	~	
	1479 Wren CT	TAL	2018 SEI	
	Punta Gorda, FL 33950		EP 19	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered o	Y OF SI	9 PH 4:	m
	Kegeris, Ted	STATE E. FL	: 33	•
	1354 Aqui Esta Drive			

P.O. Box/NOT acceptable

Punta Gorda, FL 33950

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.

Secretary/Treasurer

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.

September 14, 2018

If signing on behalf of an entity:

Ted Kegeris

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)