## 111000006762

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900314473389

06/15/48 (99/35 (66) \*\*SE.00

SECRETARY OF STATE
VLLAHASSEE, FLORIDA

FILED

Mo

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
READ30,Inc.			
Name of Corporation			
DOCUMENT NUMBER: N17000006762			
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:			
Tyrone C. Merchant			
Name of Contact Person			
READ30,Inc.			
Firm/Company			
2914 Ribault Cir.			
Address			
Jax. Fl. 32208			
City/State and Zip Code			
Read30inc@Gmail.org			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tyrone Merchant  Name of Contact Person  at (904 764 8049)  Area Code & Daytime Telephone Number			
Name of Contact Person at (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 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	ne corporation: READ30,Inc.	
2. The principal of	office address: 2914 Ribault Cir.	
	Jax. Fl. 32208	
3. The mailing ad	idress (if different): P.O. Box 66047 Jax. Fl. 32208	
4. Date of incorpo	oration/qualification: 06/28/2017 Document number: N17000006762	
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
_	United States Corp.	
	13302 Winding Oak Ct. Suit A	
-	Tampa Fl. 33612	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered affice.  Tyrone C. Merchant	
	Tyrone C. Merchant	
_	2914 Ribault Cir. Jax. Fl. 32208	
	P.O. Box NOT acceptable	
as changed will b		
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
ii A	Merchant PRESideN  Typone C Merchant PRESideN  Frinted or typed name and title	+
l further agree to performance of i	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
If signing on beh	nalf of an entity:	
Tv	ned or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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