N18000 002 098

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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Alig 0 8 2019 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: PIECES OF EIGHT, IOMC, INC				
Name of Corporation				
DOCUMENT NUMBER: N18000002098				
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:				
DAVID CARDWELL				
Name of Contact Person				
PIECES OF EIGHT, IOMC, INC				
Firm/Company				
7923 KELPIE DR				
Address				
PORT RICHEY, FL 34668				
City/State and Zip Code				
IOMCCONTRACTOR@GMAIL.CO				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DAVID CARDWELL 931 494-6983				
Name of Contact Person Area Code & Daytime Telephone Number				

Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of cha	provisions of sections 607,0502, 61 nge is submitted for a corporation r to change its registered office or i	organized under the laws of	the State of FLORIDA		
1. The name of t	he corporation: PIECES OF E	EIGHT, IOMC, INC			
2. The principal TAMPA, 1	office address: 7013 S FITZO FL 33616	SERALD ST			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/19/20	18 Document number	ner: N18000002098		
	street address of the current registe tment of State: (If resigned, enter re	_	fice on file with the		
	JAMES DANIEL				
	7013 S FITZGERALD ST				
	TAMPA, FL 33616		Pic N		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or	TECHTIARY regard of the -2		
	DAVID CARDWELL				
	7923 KELPIE DR		TEST DE CO		
	PORT RICHEY, FL 346	x NOT acceptable	RATE AND A		
The street addre	ss of its registered office and the s be identical.	treet address of the busines	ss office of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly ad the board, or the corporation has be	opted by its board of direct on notified in writing of the	ors or by an officer so change.		
///		RYAN HANAC	SAN		
1	re of an officer or director	•	ped name and title		
I further agree t performance of agent. Or, if thi	the appointment as registered age o comply with the provisions of al my duties, and I am familiar with s document is being filed merely t that the copporation has been noti	l statutes relative to the pro and accept the obligation o o reflect a change in the res	oper and complete If my position as registered vistered office address. I		
Daid Credull		07/23/2019			
Sign	ature of Registered Agent		Date		
If signing on bel	half of an entity:				
Ту	ped 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 * * *