## N19000003425

(Req	uestor's Name)	
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(City)	/State/Zip/Phone	<del>#</del> )
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			n.
SUBJECT: FREE ON TH	E /NS/ Name of C	DE /NC Corporation	
DOCUMENT NUMBER: N/9	00000	3425	
The enclosed Statement of Change of R	egistered Offic	ce/Agent and fee are submitted f	or filing.
Please return all correspondence concer	ning this matte	er to the following:	•
Stanle	Name of Co	Grab Jr ontact Person	<u></u>
17238 SA		ompany Willowick Cir	- cle
The Vill Sgrabe	0 9 6 8 City/State a	FL 32162 and Zip Code global. Net	
E-mail address: (to	be used for f	future annual report notification	on)
For further information concerning this    Jan/ley   Jan/ley   Ame of Contact Person			- <i>0653</i> elephone Number
Enclosed is a \$35.00 check made payab	le to the Depar	rtment of State.	
Mailing Addre Amendment S	ection	Street Address: Amendment Section Division of Corpors	-

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 <u>Florida</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Free On The INSIDE INC  2. The principal office address: 1201 South Main Street  Wildwood FL 34783  3. The mailing address (if different):
2. The principal office address: 1201 South Main Street
Wildwood FL 34783
3. The mailing address (if different):
4. Date of incorporation/qualification: 04-05-2019 Document number: 19000034
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)
Registered Agents /NC
Registered Agents INC 7901 4th STN Ste 300
ST Petersburg FL 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Starley J Grab Ir
Stanley J Grab Dr 17238 SE 85th Willowick Circle
The Villages FL 32162
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.
See-Treas-Druetor
Signature of any officer or director 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.
Stanley July 04-25-2019
Signature of Registered Agent Date
If signing on behalf of an entity:
Stanley J Grab Vr. Ayped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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