

N20 000001597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

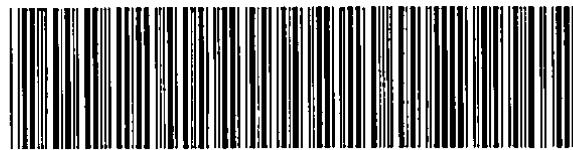
(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400351881154

09/15/20--01006--001 **35.00

RECEIVED

SEP 14 2020

2020 SEP 14 PM 1:10
FLORIDA DIVISION OF STATE
BUREAU OF STATE
TALLAHASSEE, FL
FILED

fq 16/20/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AA GROUP OF CRAWFORDVILLE, INC
Name of Corporation

DOCUMENT NUMBER: N20000001597

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:

GRADY L. GIBBS, JR.

Name of Contact Person

Firm/Company

129 LEVY BAY ROAD

Address

PANACEA, FL 32346

City/State and Zip Code

Tbird47@embarqmail.com

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

For further information concerning this matter, please call:

GRADY L. GIBBS, JR.

Name of Contact Person

at (850) 984-0251

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: AA GROUP OF CRAWFORDVILLE, INC
2. The principal office address: 54 OCHLOCKONEE STREET
CRAWFORDVILLE, FL 32327
3. The mailing address (if different): P.O. BOX 1647 CRAWFORDVILLE, FL 32326-1647
4. Date of incorporation/qualification: 02/07/2020 Document number: N20000001597
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)

ROBERT RAPP, RESIGNED - REGISTERED AGENT AND TREASURER

62 BLUE HERON WAY

PANACEA, FL 32346

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

GRADY L. GIBBS, JR. REGISTERED AGENT AND NEW TREASURER

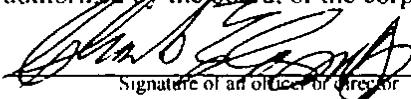
129 LEVY BAY ROAD

P.O. Box NOT acceptable

PANACEA, FL 32346

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.

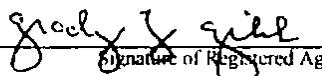


Signature of an officer or director

CHARLES CAMPBELL, PRESIDENT

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

9/10/20

Date

If signing on behalf of an entity:

GRADY L. GIBBS, JR.

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)

2020 SEP 14 PM 1:10
FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL