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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Peters Investments, Inc.

Name of Corporation

P0000006444

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:

John Peters

Name of Contact Person

Peters Investments, Inc.

Firm/Company

PO Box 5830

Address

Lakeland, FL 33807-5830

City/State and Zip Code

john.peters@steemer.com

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

For further information concerning this matter, please call:

John Peters

,863

709-9400

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0302, 617.030. Inge is submitted for a corporation organ.	ized under the laws of the State of <u>Flo</u>	orida
	r to change its registered office or registe		rida.
1. The name of t	he corporation: Peters Investmen	ts, Inc.	
2. The principal	office address: 3920 Anchuca Dr,	Ste 1, Lakeland, FL 3381	1
3. The mailing a	ddress (if different): PO Box 5830,	Lakeland, FL 33807-5830	
4. Date of incorp	poration/qualification: 01/20/2000	Document number: P000000	006444
	street address of the current registered a tment of State: (If resigned, enter resigne	-	the
	John Peters		,
	4318 Holden Rd		
	Lakeland, FL 33811		
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered office	4.
	John Peters		a Co
	3920 Anchuca Dr, Ste 1		i di
	P.O. Box NOT	acceptable	
	Lakeland, FL 33811		
The street addre	ess of its registered office and the street be identical.	address of the business office of its re	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an off ified in writing of the change.	icer so
John ?		John Peters, President	
	re of an officer or director	l'inited or typed name and title	
I further agree t	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflet the corporation has been notified in	ites relative to the proper and comple ceept the obligation of my position as	s registered
John !	Ster	June 15, 2017	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
John Peter	_		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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