

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001684103)))



H210001684103ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	10.	Division of Cor Fax Number	porations : (850)617-6380		1737
PH 4: 39	From:	Account Number Phone	: REGISTERED AGENTS : I20090000081 : (307)200-2803 : (855)330-1010	INC.	## 27 7 H
121 APR 27	*Enter the e	report mailings.	this business entit Enter only one emai	y to be used for future l address please.**	C2 :71

## REGISTERED AGENT CHANGE ACCURATE COMMERCIAL EQUIPMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

To.

Corporate Filing Menu

Help O SIMMONS APR 29 2021

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.					
1. The name of	the corporation: ACCURATE COM	MMERCIAL EQUIPMENT SERVICES, INC.					
	2. The principal office address: 3389 SHERIDAN, ST 562,						
	DD, FL 33021						
3. The mailing a	iddress (if different): 7901 4th St N	4 STE 300					
	urg FL 33702						
4. Date of incor	poration/qualification: 06/04/200	1 Document number: P01000057082					
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)							
	MICHAEL A KANE						
	7901 4th St N STE 300	221 402 21					
	St. Petersburg FL 33702						
6. The name and (if changed):	red agent (if changed) and /or registered office	5 9					
Northwest Registered Agent LLC							
	7901 4th St N STE 300						
		Box NOT acceptable					
St. Petersburg FL 33702							
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	•				
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.					
MACHA Signate	LAKANE re of an officer or director	MICHAEL A KANE, Director  Printed or typed name and fitte					
I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered s to reflect a change in the registered office address, I otified in writing of this change.					
lon	Glove	04/27/2021					
Sig	nature of Registered Agent	Date					
If signing on be	half of an entity:						
Tom Glove	r	_					
Т	yped or Printed Name						