

POI 000058334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DREWCO, INC.
Name of Corporation

DOCUMENT NUMBER: P01000058334

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:

BILLIE HEARRELL

Name of Contact Person

DREWCO, INC.

Firm/Company

518 OYSTER ROAD

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

BHEARRELL518@GMAIL.COM

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

For further information concerning this matter, please call:

BILLIE HEARRELL

Name of Contact Person

at (561) 389-4489

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: DREWCO, INC.

2. The principal office address: 518 OYSTER ROAD, NORTH PALM BEACH, FL 33408

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 6/12/2001 Document number: P01000058334

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)

HAILE SHAW & PFAFFENBERGER, P.A.

660 US HIGHWAY ONE, THIRD FLOOR

WEST PALM BEACH, FL 33401

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

ROBERT L. JACKSON

518 OYSTER ROAD

P.O. Box NOT acceptable

NORTH PALM BEACH, FL 33408

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.

Ellen L. Regency
Signature of an officer or director

10/16/2020

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.*

Robert Jackson
Signature of Registered Agent

10/13/2020

Date

If signing on behalf of an entity:

Robert Jackson
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

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