

P02000012792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

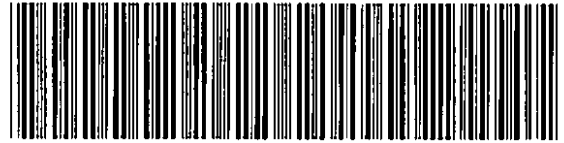
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*RA Change*

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S. CHATHAM

AUG 11 2024

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACTIVE MOBILITY AND DESIGN INC  
Name of Corporation

**DOCUMENT NUMBER:** P02000012792

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:

WILLIAM D BOWES

Name of Contact Person

ACTIVE MOBILITY AND DESIGN INC

Firm/Company

9124 SW PINNACLE PLACE

Address

PORT ST LUCIE FL 34987

City/State and Zip Code

WDB628VG@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM D BOWES

Name of Contact Person

at ( 772 )

618-5404

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: ACTIVE MOBILITY AND DESGIN INC  
2. The principal office address: 9124 SW PINNACLE PLACE PORT ST LUCIE FL 34987

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/30/2002 Document number: P02000012792

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)

WILLIAM D BOWES

628 SE MONTEIRO DRIVE

PORT ST LUCIE FL 34984

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

9124 SW PINNACLE PLACE

P.O. Box NOT acceptable

PORT ST LUCIE FL 34987

SECRETARY OF STATE  
TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

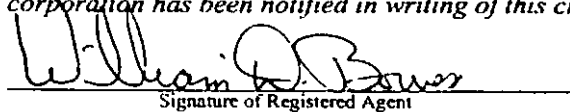
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

KATHERYN A BOWES DIRECTOR PRES.

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

JULY 12, 2024  
Date

If signing on behalf of an entity:

WILLIAM D BOWES

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