

P03 00000 56517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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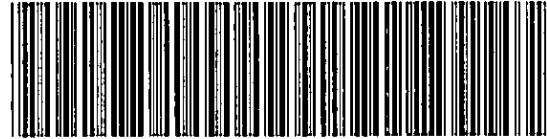
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPRINGER MOTORS INC
Name of Corporation

DOCUMENT NUMBER: P03000056517

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:

Jerry SPRINGER
Name of Contact Person

SPRINGER MOTORS INC
Firm/Company

2587 WINDY CIRCLE
Address

WELLINGTON FL 33414
City/State and Zip Code

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

For further information concerning this matter, please call:

Jerry Springer at (561) 301-8812
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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SPRINGER MOTORS INC
2. The principal office address: 3101 FAIRLARK Farms Rd Wellington
FL 33414
3. The mailing address (if different): 2587 MUIR CIRCLE Wellington FL 33414
4. Date of incorporation/qualification: 2003 Document number: PO 300056517
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)

Resigned

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

Jerry Springer
2587 MUIR CIRCLE
P.O. Box NOT acceptable
Wellington FL 33414

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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.

Jerry Springer
Signature of an officer or director

Jerry Springer
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.

Jerry Springer
Signature of Registered Agent

6-6-21
Date

If signing on behalf of an entity:

Jerry Springer
Typed or Printed Name

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