

PO41000043692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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2018 MAR 26 P 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 28 2018

T. LEANIZUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Prime Maintenance Inc.
Name of Corporation

DOCUMENT NUMBER: PO4000043692

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:

JASON SWINDALL
Name of Contact Person

Prime Maintenance Inc.
Firm/Company

707 4th St.
Address

Naples Beach FL 32266
City/State and Zip Code

J Swindall @ Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON SWINDALL at (904) 535-2515
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

Pursuant to the provisions of sections 061.0302, 011.0302, 061.1306, or 011.1306, 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: Prime Maintenance Inc
2. The principal office address: 77 Dutton Island Dr. A13 FL 32233
3. The mailing address (if different): 707 4th St. N3 FL 32266
4. Date of incorporation/qualification: 11/26/2004 Document number: PO4000043692
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)

Jason Swindell

707 4th St. N3 FL 32266

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

JASON PLATAS

13543 Tarrasa Ct West

P.O. Box NOT acceptable

JAX FL 3225

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]
Signature of an officer or director

JASON SWINDELL CEO
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]
Signature of Registered Agent

2-27-18
Date

If signing on behalf of an entity:

JASON PLATAS
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
CR2E045 (03/12)