

P04000126976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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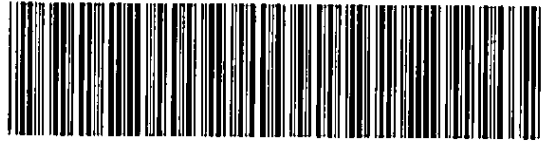
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D. Grover, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P04000126976

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:

Deborah Grover  
Name of Contact Person

D. Grover, Inc.  
Firm/Company

P.O. Box 51052  
Address

Ft. Myers FL 33994  
City/State and Zip Code

DGroverInc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Grover at (239) 671-1095  
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