

POS 000015097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

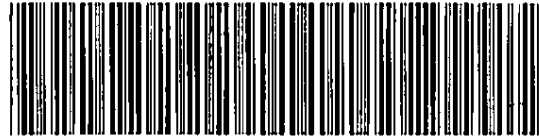
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333356657

09/06/19--01010--025 **25.00

FILED

2019 SEP -6 AM 11:02

STATE OF FLORIDA
TALLAHASSEE, FL

SEP 16 2019

C. Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sober Escorts, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000015097

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:

Donald R. Parrish Jr.
Name of Contact Person

Sober Escorts, Inc.
Firm/Company

4959 SW 4th Circle
Address

Ocala, FL 34471
City/State and Zip Code

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

For further information concerning this matter, please call:

Rick Parrish at (352) 216-0201
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

**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: Sober Escorts, Inc.
2. The principal office address: 4959 SW 4th Circle
Ocala, FL 34471
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/28/05 Document number: P05000015097

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)

Donald R. Parrish Jr.
1187 SE 65th Circle
Ocala, FL 34472

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

Donald R. Parrish Jr.
4959 SW 4th Circle
Ocala, FL 34471

P.O. Box NOT acceptable

FILED
TALLAHASSEE, FL

2019 SEP -6 AM 11:02

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.

Donald R. Parrish Jr.
Signature of an officer or director

Donald R. Parrish Jr.
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.

Donald R. Parrish Jr.
Signature of Registered Agent

9/3/19
Date

If signing on behalf of an entity:

Donald R. Parrish Jr.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE