

PO5 0000 18868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

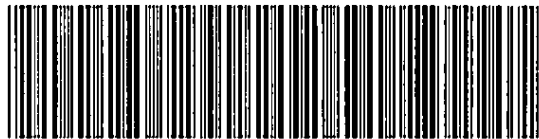
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

A. Butler



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of address for Registered Agent
Name of Corporation _____

DOCUMENT NUMBER: PO5000018868

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:

Thomas Eric Sword

Name of Contact Person
Eric Sword Heating & Cooling, Inc

Firm/Company
30330 Hackney Loop

Address
Mt Dora, FL 32757

City/State and Zip Code
Eric@swordac.com

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

For further information concerning this matter, please call:

Eric Sword at (352) 434-7550
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: Eric Sword Heating & Cooling, Inc
2. The principal office address: 30330 Hackney Loop, Mt Dora, FL 32757

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/03/2005 Document number: 105000018868

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)

Thomas Sword

10330 Pleasant View Drive

Leesburg, FL 34788

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

Thomas Sword


30330 Hackney Loop

P.O. Box NOT acceptable

Mt Dora, FL 32757

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

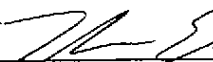
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thomas E Sword / President

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

08/09/2021

Date

If signing on behalf of an entity:

Thomas E Sword

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 (04/13)

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SECRETARY OF STATE
TALLAHASSEE, FL