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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future  $\overline{\phi}$ annual report mailings. Enter only one email address please. \*\*

•	Email	Address:			

## REGISTERED AGENT CHANGE TUBELAB, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S norganized under the laws of the State of <u>F</u> registered agent, or both, in the State of F	Florida
1. The name of	he corporation: TUBELAB, INC.	· ·	
3. The mailing a	ddress (if different):		
4. Date of incoη	poration/qualification: 03/24/05	Document number: P0500004	14818
	street address of the current regis timent of State: (If resigned, enter i	tered agent and registered office on file wiresigned)	th the
	ANDERSON, GEORGE		
	3171 NW 113TH AVE		•
	SUNRISE, FL 33323		
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered off	2024 HAR
	Registered Agents Inc		野 7   1
	7901 4th St N STE 300		325
		P.O. Box NOT acceptable	18
	St. Petersburg FL 33702		
-		street address of the business office of its	
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an econotified in writing of the change.	officer so
George Signatur	C Andryon	George C Anderson Printed or typed name and title	ue
herchy accept further agree to fmy duties, an document is hei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this ci	ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	aplete performance I agent. Or, if this by confirm that the
David Schools		3-11-2024	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Ty	ped or Printed Name		

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