

P05000113765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

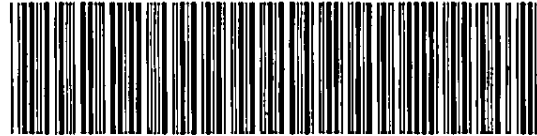
(Business Entity Name)

(Document Number)

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2019 MAY 13 PM 3:37

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T. LEMMON  
MAY 28 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Davis Training Systems, Incorporated  
Name of Corporation

P05000113765  
**DOCUMENT NUMBER:**

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:

Jonathan Robert Davis  
Name of Contact Person  
Davis Training Systems  
Firm/Company  
2042 N Rio Grande Ave Suite A  
Address  
Orlando, Florida 32804  
City/State and Zip Code  
jon@davists.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Davis 407 331-3278  
Name of Contact Person at ( ) 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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Davis Training Systems, Incorporated  
2. The principal office address: 2042 N Rio Grande Ave Suite A, Orlando, FL 32804

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/15/2005 Document number: P05000113765

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)

resigned

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

Jonathan Davis

2042 N Rio Grande Ave Suite A

P.O. Box NOT acceptable

Orlando, FL 32804

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TALLAHASSEE, FLORIDA

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.

Jonathan Davis  
Signature of an officer or director

Jonathan Davis, Owner

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.*

Jonathan Davis  
Signature of Registered Agent

May 6, 2019

Date

If signing on behalf of an entity:

Jonathan Davis

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

CD-2015-003125