P0600075172

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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Special Instructions to Filing Officer;	i l

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03/18/17--01006--021 →→35.00

ECRETARY OF STATE ALVAHASSEE; FLORID

SEP 1 9 2017 S. YOUNG 7 SEP IS DUIT

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CHARLE		
DOCUMENT NUMBER:	060000 751	72
The enclosed Statement of Change	of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence co	 ncerning this matter to the f 	ollowing:
Ch	ARLES THOMA	H.
	Name of Contact Per	son
C	HARLES THUM. Firm/Company	AS, P.A.
	Firm/Company	
3/44	SUN WATCH Address	DRIVE
	Address	
WESIE,	CHAPEL, FL City/State and Zip C	33544
	City/State and Zip C	ode
CHUCKA	HOMESAROUNDTH	EBAY. Com
E-mail addres	s (to be used for future an	nual report notification)
For further information concerning	this matter, please call:	
CHARLES THOMAS		P/3 . フュフ-7527
Name of Contact Pe	erson at (CA	P/3 727-7527 rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made p	ayable to the Department of	State.
Mailing A Amendme	ddress: ent Section	Street Address: Amendment Section
	of Corporations	Division of Corporations
P.O. Box	* 1	Clifton Building
Tallahass	ee FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this		
• •	a corporation organized under the laws of the State of <u>Ftorial</u> tered office or registered agent, or both, in the State of Florida.		
	, , , , , , , , , , , , , , , , , , ,		
	CHARLES THOMAS P.A.		
	3144 SUNWATCH DRIVE		
	UESIEY CHAPEL FL 33544		
3. The mailing address (if different):	SAME		
4. Date of incorporation/qualificatio	Document number: <u>P06000075172</u>		
	c current registered agent and registered office on file with the		
Florida Department of State: (If re	11 -		
CHARLE.	Tromas		
10111 QU	EENS PARK DRIVE E		
TAMPA	EENS PARK DRIVE SET		
6. The name and street address of th (if changed):	new registered agent (if changed) and /or registered office		
_ CHARL	ES THOMAS STATES		
3144	ES THOMAS SUNWATCH DRIVE P.O. BOX NOT acceptable CHAPEL, FL 33544		
1.100.0	P.O. Box NOT acceptable		
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,		
Such change was authorized by resauthorized by the board, or the corr	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.		
Signature of an officer or director	CHARLES THOMAS MANGER/OWNER Printed or typed name and little		
I hereby accept the appointment as	registered agent and agree to act in this capacity. registered agent and agree to act in this capacity. revisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I i has been notified in writing of this change.		
(h ten	9-15-17		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
CHARLES THOMS Typed or Printed Name			
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 (03/12)