

PO 00000091920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

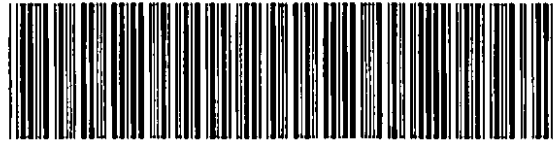
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900319184039

10/04/18--01017--012 **170.00

1/10 chg

R. WHITE

OCT 17 2018

FILED
2018 OCT -4 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SURE HOLDINGS, INC.**

Name of Corporation

DOCUMENT NUMBER: **P06000091920**

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:

GROOVER, R

Name of Contact Person

SURE HOLDINGS, INC.

Firm/Company

PO BOX 17467

Address

CLEARWATER, FL 33762

City/State and Zip Code

INFO@CHANNELSIDE.COM

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

For further information concerning this matter, please call:

GROOVER, R

Name of Contact Person

813 2543636

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

1. The name of the corporation: SURE HOLDINGS, INC.
2. The principal office address: 14004 ROOSEVELT BLVD 603 CLEARWATER, FL 33762

3. The mailing address (if different): PO BOX 17467 CLEARWATER, FL 33762

4. Date of incorporation/qualification: 07/08/2006 Document number: P06000091920

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)

HANEY, GREGORY, ESQ

101 EAST KENNEDY BOULEVARD SUITE 2800

TAMPA, FL 33602

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

Kenneth G. Arsenault, Esq.

19535 Gulf Blvd. Suite C

P.O. Box NOT acceptable

Indian Shores, FL 33785

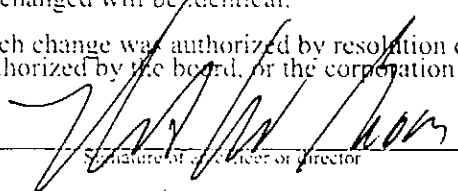
SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT -4 AM 7:09

FILED

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 officer or director

GROOVER, R

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

8/27/2018

Date

If signing on behalf of an entity:

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