P06000132859		
(Requestor's Name) (Address) (Address)	500420299395	
(City/State/Zip/Phone #)	12/13/2301029-+009 ★+35.00	
Certified Copies Certificates of Status	2023 DEC	
Office Use Only		
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# COVER LETTER

Amendment Section TO: Division of Corporations

## MOCKLER INVESTMENTS CORP SUBJECT: <u>M</u> Name of Corporation

#### P06000132859 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:

Name of Contact Person			
Firm/Company			
Address	ري 111 - 1	202	
City/State and Zip Code bole Rry 570 C g Mail. Com	ALLA	2023 DEC -	ARIMA ARIMA
E-mail address: (to be used for future annual report notification)		-I PH	<u>.</u>
For further information concerning this matter, please call:		1:07	لعوريها
at () Name of Contact Person Area Code & Daytime	Telephone N	Numb	er

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

CR2E045 (04/13)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2023

MOCKLER INVESTMENTS CORP 142 TERAPIN TRAIL JUPITER, FL 33458

Our records indicate the registered agent for the above named corporation resigned on January 12, 2023 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Diane Cushing Operations Manager A Division of Corporations

Letter number: 323A00022979

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

Pursuant to the provisions of sections 607.0502, 617.05
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.

I. The name of the corporation: MOCKLER INVESTMENTS CORP	. <u> </u>
2. The principal office address: 142 TERRAPIN TRAIL	<u>.</u>
JUPITER FL 33458	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/19/06 Document number: P060001	32859
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):	2023 DEC -1 PH 1: 07

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

CHAIRMAN BARRY O'LEARY CHA

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

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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