

PD7 00000 6303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

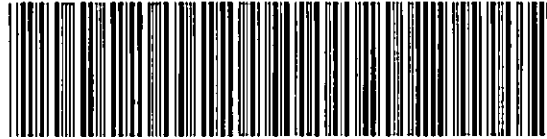
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUL -1 AM 11:05

Office Use Only



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RECEIVED
2022 JUL -1 PM 3:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J DERNIS
JUL 05 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: 35.00

AUTHORIZED SIGNATURE



FLORIDA INSPECTION TEAM, INC

BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTILLE ()
Country

☐ Other

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ **Revocation**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Inspection Team, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000006303

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:

Gerardo J. Rodriguez-Albizu, Esq.

Name of Contact Person

Rodriguez-Albizu Law, P.A.

Firm/Company

759 SW Federal Highway, Suite 203

Address

Stuart, Florida 34994

City/State and Zip Code

grodriguez@ralawpa.com

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

For further information concerning this matter, please call:

Gerardo J. Rodriguez-Albizu, Esq.

Name of Contact Person

at (772) 261-5080

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Florida Inspection Team, Inc.
2. The principal office address: 4602 COUNTY RD 673 16006 BUSHNELL, FL 33513
3. The mailing address (if different): 260 RAINBOW DRIVE #16006 Livingston, TX 77399-2060
4. Date of incorporation/qualification: 01/16/2007 Document number: P07000006303
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)

ROBERT TRIBBLE

535 NW Twylite Terrace

Port St. Lucie, FL 34983

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

Rodriguez-Albizu Law, P.A.

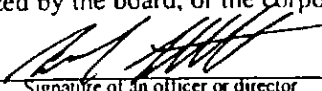
759 SW Federal Highway Suite 203

P.O. Box NOT acceptable

Stuart, Florida 34994

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

Robert Tribble, DSPT

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

July-1, 2022

Date

If signing on behalf of an entity:

Gerardo J. Rodriguez-Albizu

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 (04/13)