P07000015780

(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

900186235889

10/07/10--01013--005 **35.00

APPROVED
AND
FILED

10 OCT -7 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RD 10/8/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: State Seal & Certificate of Levy County, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000015780

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:

Sandi Levesque
Name of Contact Person

State Seal & Certificate of Levy County, Inc.
Firm/Company

115 NE 6th Blvd
Address

Williston FL 32696
City/State and Zip Code

Williston Printer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandi Levesque at (352) 528-0845
Name of Contact Person — 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

CR2E045 (8/05)

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

1. The name of the corporation: State Seal & Certificate of Levy County, INC.
2. The principal office address: 115 NE 6th Blvd. Williston, FL 32696
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/31/2007 Document number: P07000015780
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)

   23 EAST Noble Ave
   Williston, FL 32696

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

   115 NE 6th Blvd
   Williston, FL 32696
   P.O. Box NOT acceptable

10 OCT -7 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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.

Sandi Lovejoy
Signature of an officer or director

SANDI LOVEJOY - 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.

Sandi Lovejoy
Signature of Registered Agent

10/4/10
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

CR2E045 (8/05)