

PO7000032685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

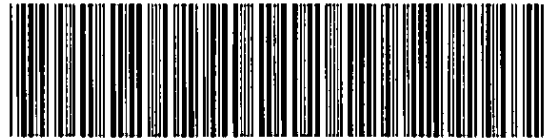
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*also changing o/o
addresses.*

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JAN 19 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plant Logic, Inc
Name of Corporation

DOCUMENT NUMBER: PO 7000032685

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:

William Demarest
Name of Contact Person

Plant Logic, Inc
Firm/Company

523 129th Ave E
Address

Madeira Beach, FL 33708
City/State and Zip Code

Bill@PlantLogic.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Demarest at (727) 410-2760
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

**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: Plant Logic Inc
2. The principal office address: 523 129 Ave E
Madeira Beach, FL 33708
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/12/2007 Document number: P07000032685

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)

| | |
|----------------------------------|-----------------------------|
| <u>(Pres) William J Demarest</u> | <u>(VP) Andria Demarest</u> |
| <u>8440 BAY PINES BLVD</u> | <u>8440 BAY PINES BLVD</u> |
| <u>ST Petersburg, FL 33709</u> | <u>ST Petersburg FL 337</u> |

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

| | |
|--------------------------------|-------------------------|
| <u>William J Demarest</u> | <u>Andria Demarest</u> |
| <u>523 129 Ave E</u> | <u>523 129 Ave E</u> |
| <u>P.O. Box NOT acceptable</u> | <u>Madeira Beach FL</u> |
| <u>33708</u> | <u>33709</u> |

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.

W J Demarest Pres
Signature of an officer or director

William Demarest Pres
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.

W J Demarest Pres
Signature of Registered Agent

12-12-10
Date

If signing on behalf of an entity:

William Demarest, Pres
Typed or Printed Name

*** FILING FEE: \$35.00 ***