

P070000 44494

(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



000336710330

11/15/19--01013--025 **25.10

2019 NOV 15 PM 2:18

R. WHITE

DEC 12 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAWN CAMPBELL - GARDNER INC
Name of Corporation

DOCUMENT NUMBER: P07000044494

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:

Veil Corporate Attn Karen
Name of Contact Person

DAWN CAMPBELL - GARDNER INC
Firm/Company

1187 N 1200 W Ste 300
Address

Orem, UT 84057
City/State and Zip Code

Renewals@veil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Werner at (407) 6838643
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

STATE OF FLORIDA

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: DAWN CAMPBELL - GARDNER INC
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/11/2007 Document number: P07000044494

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)

Dawn Campbell
5241 Villa Rosa Ave
St Cloud, FL 34771

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

Registered Agents Inc.

7901 4th St N STE 300

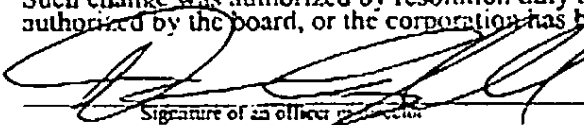
P.O. Box NOT acceptable

St. Petersburg FL 33702

2019/10/15 PM 2:18

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

Dawn Campbell PD

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.

Bill Havre

Signature of Registered Agent

10/28/19

Date

If signing on behalf of an entity:

Bill Havre

- Assistant Secretary

Typed or Printed Name