## P08000033418

(F	Requestor's Name)			
(/	Address)			
(/	Address)			
((	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(I	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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07/18/19--01010--003 \*\*35.00

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AA-CA

## COVER LETTER

	endment Section sion of Corporations	
SUBJECT:_	C-Store Consulting Incorporated Name of Corp	poration
DOCUMEN	T NUMBER:P08000033418	
The enclosed	I Statement of Change of Registered Office//	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to	o the following:
		-
	Robert L.	
	Name of Conta	ct Person
	C-Store Consulting Inc	corporated
	Firm/Com	pany
	5617 Orange Avenue	
	Addres	s
	Port Orange, FL 3212	7
	City/State and	
	RobertLMorgan@mail.com	~
	E-mail address: (to be used for futu	ure annual report notification)
For further in	nformation concerning this matter, please cal	1:
	-	
Robe	ert L, Morgan Name of Contact Person	at ( <u>386</u> ) <u>506-7529</u> Area Code & Daytime Telephone Number
	. Land of Gamaet Volume	, nea code de bayanne rerepnone rannoer
Enclosed is a	a \$35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

TO:

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

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida . ion organized under the laws of the State of _ or registered agent, or both, in the State of I	Florida
1. The name of t	he corporation: C-Store Cons	ulting Incorporated	
		Avenue, Port Orange, FL 32127	
3. The mailing ad	ddress (if different):		
4. Date of incorp	oration/qualification: 04/01/2	2008 Document number: P08000	0033418
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file w ter resigned)	ith the
	Robert L. Morgan		
	1460 Craig Court		vo 28
	Port Orange, FL 32129		2019 JUL 18 SECRETARI
6. The name and (if changed):		stered agent (if changed) and /or registered of	18 AMII: 25
	Robert L. Morgan		I: 2!
	5617 Orange Avenue	O. Box NOT acceptable	, m 01
	Port Orange, FL 32127		
The street addre	ss of its registered office and the identical.	the street address of the business office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its board of directors or by an s been notified in writing of the change.	officer so
- Kalt	AJ Mag	Robert L. Morgan, President	·
I hereby accept I further agree t performance of agent. Or, iffhi hereby confirm	o comply with the provisions of my duties, and I am familiar was document is being filed mere that the corporation has been	Printed or typed name and till agent and agree to act in this capacity, of all statutes relative to the proper and convith and accept the obligation of my positionely to reflect a change in the registered officinotified in writing of this change.  07/15/2019	aplete n as registered
_	nature of Registered Agent half of an entity:	17410	
Robert L. Moi	•		
	eped or Printed Name	<del></del>	

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