P0800099656

| (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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Office Use Only



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SECRETARY OF STATE

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COVER LETTER -

TO: Amendment Section Division of Corporations

Reed Commercial Properties, Inc.

Name of Corporation

DOCUMENT NUMBER: P08000099656

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:

Angela Yonge

Name of Contact Person

Reed Commercial Properties, Inc.

Firm/Company

4050 Barbara Ter

Address

Saint Augustine, FL 32086

City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Yonge

,904

477-8732

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 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR GORPORATIONS

| statement of cha | ange is submitted for a corporation | organized under the laws of the State of Florida registered agent, or both, in the State of Florida. |
|--|--|---|
| | the corporation: Reed Comme | |
| 2. The principal | office address: 4050 Barbara gustine, FL 32086 | Ter |
| 3. The mailing a | address (if different): | |
| 4. Date of incorporation/qualification: 11/06/20 | | Document number: P08000099656 |
| 5. The name an | d street address of the current regis rtment of State: (If resigned, enter) | tered agent and registered office on file with the |
| | Angela Yonge | |
| | 4195 Lazy Acres Rd | SE 201 |
| | Middleburg, FL 32068 | TALLI |
| 6. The name an (if changed): | | ed agent (if changed) and /or registered office SSC |
| | Angela Yonge | |
| | 4050 Barbara Ter | 33 33 |
| | Saint Augustine, FL 320 | 86 |
| as changed wil | l be identical. | street address of the business office of its registered agent. |
| Such change wauthonized by t | as authorized by resolution duly a he poard, or the corporation has b | dopted by its board of directors or by an officer so een notified in writing of the change. |
| Case | 6 GONER | Angela Yonge, President Printed or Typed name and Title |
| I hereby accep I further agree performance o | to comply with the provisions of a | ent and agree to act in this capacity. Ill statutes relative to the proper and complete I and accept the obligation of my position as registered To reflect a change in the registered office address. I |
| _Oh | ela John | 06/03/2019 |
| | ehalf of an entity: | |
| | Typed or Printed Name | |
| | * * * FILE | NG FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 June 3, 2019

Division of Corporations Amendment Section PO Box 6327 Tallahassee, FL 32314

Re: Reed Commercial Properties, Inc. - Document P08000099656

To Whom It May Concern:

Please change the mailing address for Reed Commercial Properties, Inc. (Document # P08000099656) and for all officers (P and VP) from:

4195 Lazy Acres Rd Middleburg, FL 32068

To:

4050 Barbara Ter Saint Augustine, FL 32086

I have also enclosed the form to request the registered agent address change and the applicable fee. Please let me know if you need any additional information.

Sincerely,

Angela Yonge President

904-477-8732