

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Catastrophe Solution Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000069485

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:

Michele L Addison
Name of Contact Person
Catastrophe Solution Services, Inc.
Firm/Company
3639 Briar Run Dr
Address
Clermont, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

Michele L Addison at (352) 217-0564
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Catastrophe Solution Services, Inc.

2. The principal office address: 3636 Briar Run Dr Clermont, FL 34711

3. The mailing address (if different): 3636 Briar Run Dr Clermont, FL 34711

4. Date of incorporation/qualification: 08/18/2009 Document number: P09000069485

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)

Michele L Addison
16462 Glassy Loch Loop
Clermont, FL 34714

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

Michele L Addison
3639 Briar Run Dr
Clermont, FL 34711

P.O. Box NOT acceptable

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SECTION OF CORPORATIONS
TALLAHASSEE, FL

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.

Michele L Addison
Signature of an officer or director

Michele L Addison - CEO
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.

Michele L Addison
Signature of Registered Agent

9/23/2021
Date

If signing on behalf of an entity:

Michele L Addison
Typed or Printed Name

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