

P090000 69485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

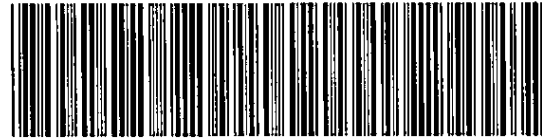
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900373854589

09/27/21-- 01008--003 **35.00

FILED
2021 SEP 27 AM 10:38
TALLAHASSEE, FL
SECRETARY OF STATE

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

Name of Contact Person

at (352) 217-0564

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

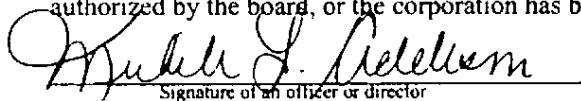
3639 Briar Run Dr

P.O. Box NOT acceptable

Clermont, FL 34711

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

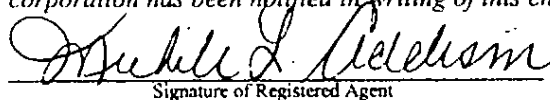
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

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.*


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 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

SECTION 607.0502
TALLAHASSEE, FL

2021 SEP 27 AM 10:38

FILED