03110

(Req	uestor's Name)		
(Add	ress)		
DDA)	ress)		
•	,		
(6)	10	- 40	
(City)	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	ne)	
·	·	•	
(Doc	ument Number)		
(600	ument Number)		
Certified Copies Certificates of Status			
Special Instructions to F	iling Officer:		
•	Ŭ		
		ļ	

Office Use Only



500329207665

05/13/13--01013--013 +*35.00

S TALLENT JUN 1 8 2019



May 24, 2019

ADAM ROUNTREE STERITOOL INC 2376 LAKE SHORE BLVD JACKSONVILLE, FL 32210

SUBJECT: STERITOOL INC. Ref. Number: P10000003110

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 619A00010598

RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations Name of Corporation P10000003110 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: ADAM ROUNTREE Name of Contact Person STERITOOL INC Firm/Company 2376 LAKE SHORE BLVD Address JACKSONVILLE, FL 32210 City/State and Zip Code STERITOOL@STERITOOL.COM // E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADAM ROUNTREE Name of Contact Person 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

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

statement of cho	mge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statu poration organized under the laws of the State of <mark>FLOF</mark> Office or registered agent, or both, in the State of Floric	RIDA
1. The name of	the corporation: STERIT	OOL INC.	
2. The principal	office address: 2376 LA	KE SHORE BLVD, JACKSONVILLE,	FL 32210
3. The mailing a	iddress (if different):		
4. Date of incor	poration/qualification: 01/	/11/2010	03110
	d street address of the curre runent of State: (If resigned	ent registered agent and registered office on file with th I, enter resigned)	e
	RYAN AND MARK	KS ATTORNEYS	
	LLP3000-8 HART	LEY ROAD	
	JACKSONVILLE,	FL 32257	2019 x
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered office	SECRETARY OF STA
	ADAM ROUNTRE	E	Ser P
	2376 LAKE SHOP		ESTA :-
	JACKSONVILLE,	P.O. Box NOF acceptable F1 32210	, Et 8
The street addre		and the street address of the business office of its reg	istered agent,
Such change wa	as authorized by resolution	a duly adopted by its board of directors or by an office	er so
authorized by the	ne bound or the corporatio	a has been notified in writing of the change.	
State	ire of an officer or director	ADAM ROUNTREE, VP	
I hereby accept I jurther agree performance of agent. Or, if th hereby confirm	the appointment as regist to comply with the provision my duties, and I fim family is document is being filed that fie corporation has b	ered agent and agree to act in this capacity, ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as r merely to reflect a change in the registered office ado seen notified in writing of this change.	egistered !ress, I
		05/07/2019	
	natate of Registered Agent	Date	
	chalf of an entity:		
ADAM RO	UNTREE speed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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