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Reg Agent / Office Agent

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TO:

Amendment Section Division of Corporations

gent and fee are submitted for filing. the following:
the following:
otification)
:
at (727) 289 - 5897
at (727) 289 - 5897 Area Code & Daytime Telephone Number
ent of State.
reet Address: mendment Section ivision of Corporations
11 -

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of <u>f</u> egistered agent, or both, in the State of Fl	FLORIDA
1. The name of	the corporation: SIDNEY W. KILGO	DRE, P.A.	
2. The principal St. Petersburg, F	office address: 5027 Central Avenue		
3. The mailing a	address (if different): Post Office Box	x 91295, Raleigh, NC 27675-1295	
		Document number: P1100003	2785
5. The name and Florida Depar	d street address of the current registertment of State: (If resigned, enter re	red agent and registered office on file wit signed)	h the
	Law Offices of Steven A. Culbreath,	P.A.	
	111 - 2nd Ave NE, Suite 900		s 28
	St. Petersburg, FL 33701		DZI HI FOR
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):			2021 HAR 15 AM 10: 02 SECRETARY OF STATE TALLAHASSEE. FL
	Law Offices of Steven A. Culbreath,	P.A.	OF SEE
	5027 Central Avenue		0: 02 57AT
	P.O. Box NOT acceptable St. Petersburg, FL 33710		in in
The street address changed will	ess of its registered office and the stock be identical.	treet address of the business office of its	registered agent,
Such change was authorized by the	Digitally signed by Sidney W. Kilgore	opted by its board of directors or by an orn notified in writing of the change.	fficer so
_	Adobe Acrobat version: 2021.001.20145 re of an officer or director	Sidney W. Kilgore Printed or typed name and title	
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered ager to comply with the provisions of all dd I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and compobilization of my position as registered in the registered office address, I herebyinge,	plete performance agent. Or, if this confirm that the
	Mell	April 8 , 2021	
	nature of Registered Agent	Date	
	half of an entity:		
	teven A. Culbreath, P.A.		
•			

* * * 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)