

P110000 770 82

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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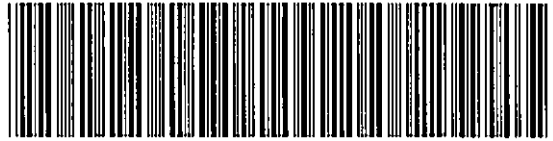
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
TOLSON

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2017

KRISTINA M. ALDERSON (OFFICE MGR.)  
BATHROOM RENU INC.  
11323 PHILIPS PARKWAY DR. E STE 1  
JACKSONVILLE, FL 32256

SUBJECT: BATHROOM RENU, INC.  
Ref. Number: P11000077082

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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: 317A00020552

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17 NOV -6 PM 2:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bathroom Renu Inc.  
Name of Corporation

DOCUMENT NUMBER: P11000077082

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:

Kristina M. Alderson office manager  
Name of Contact Person

Bathroom Renu Inc.  
Firm/Company

11323 Philips Parkway Dr. E. Ste 1  
Address

Jacksonville, FL 32256  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kristina M. Alderson at (904) 551-6908  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

*Paid*

**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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bathroom Renu, Inc.
2. The principal office address: 11323 Philips Parkway Dr. E Ste 1  
Jacksonville, FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/30/2011 Document number: P11000077082
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)

Christopher Ammons  
11578 Alexis Forest Dr.  
Jacksonville, FL 32258

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

9460 Pavilion Dr.  
Jacksonville, FL 32258

P.O. Box NOT acceptable

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17 NOV - 6 AM 12:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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.

Jody Ammons  
Signature of an officer or director

Jody Ammons MGR  
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.*

Chr Am  
Signature of Registered Agent

11-2-17  
Date

If signing on behalf of an entity:

Chris Ammons  
Typed or Printed Name

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