P11000094874

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				



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03/13/15--01007--007 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

Office Use Only



COVER LETTER

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 char	nge is submitted for a corporation	of 17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of FLORIDA or egistered agent, or both, in the State of Florida.
1. The name of the	he corporation: JUDITH D. B	CON DIDCE DOIVE TAMBA EL 22647
2. The principal	office address: 1565 DAVVS	SON RIDGE DRIVE, TAMPA, FL 33647
3. The mailing ad	ddress (if different): SAME AS	SABOVE
4. Date of incorp	oration/qualification: 10/31/20	Document number: P11000094874
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	JUDITH D. BECK, PRE	SIDENT
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office E DRIVE
	15831 DAWSON RIDGI	E DRIVE
	TAMPA, FL 33647	2
	P.O. E	Box NOT acceptable
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Judi H	e of an officer or director	JUDITH D. BECK PA Printed or typed name and title
I further agree to performance of a agent. Or. if thi	o comply with the provisions of a my duties, and I am familiar with	tent and agree to act in this capacity. All statutes relative to the proper and complete In and accept the obligation of my position as registered To reflect a change in the registered office address. I
Sign	ature of Registered Agent	Date
If signing on bel	alf of an entity:	
Ту	ped 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 * * *