

P11000 107125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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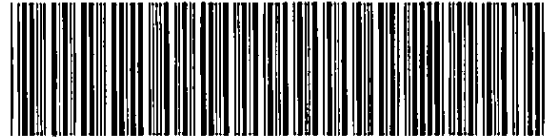
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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R. WHITE

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SE Sales Rep, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P11000107125**

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:

Linda Powell

Name of Contact Person

SE Sales Rep, Inc.

Firm/Company

PO Box 410490

Address

Melbourne, FL 32941

City/State and Zip Code

linda@sesalesrep.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Powell

Name of Contact Person

at (**321**) **432-3517**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2018

LINDA POWELL
PO BOX 410490
MELBOURNE, FL 32941

SUBJECT: SE SALES REP, INC.
Ref. Number: P11000107125

We have received your document for SE SALES REP, 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):

there can only be one registered agent. Please choose which person should serve as registered agent.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 118A00023236

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: SE Sales Rep, Inc.
2. The principal office address: 6449 Van Ness Drive, Melbourne, FL 32940

3. The mailing address (if different): PO Box 410490, Melbourne, FL 32941

4. Date of incorporation/qualification: 01/01/2012 Document number: P11000107125

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)

Linda E. Powell
6449 Van Ness Drive
Melbourne, FL 32940

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

Linda E. Powell
6449 Van Ness Drive
Melbourne FL 32940

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Gary Powell
Signature of an officer or director

Gary Powell
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.

Linda E. Powell
Signature of Registered Agent

10/30/2018
Date

If signing on behalf of an entity:

Linda Powell
Typed or Printed Name

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