

P12000035784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

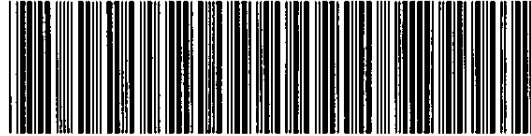
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

'AUG 21 2015

T. LEWIS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1776 Moving and Storage Inc

Name of Corporation

P12000035784

DOCUMENT NUMBER:

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:

Michael Haase

Name of Contact Person

1776 Moving and Storage

Firm/Company

4210 L.B. McLeod Rd, Suite 109

Address

Orlando, FL 32811

City/State and Zip Code

michael@1776moving.com

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

For further information concerning this matter, please call:

Michael Haase

407 251-4770

Name of Contact Person

at ()

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

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: 1776 Moving and Storage Inc
2. The principal office address: 4210 L.B. McLeod Rd, Suite 109, Orlando, FL 32811

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/16/2012 Document number: P12000035784

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)

Michael Haase

2145 Viscount Row

Orlando, FL 32809

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

Michael Haase

4210 L.B. McLeod Rd, Suite 109

Orlando, FL 32811

P.O. Box NOT acceptable

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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.

M. Haase

Signature of an officer or director

Michael Haase President

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.

M. Haase

Signature of Registered Agent

8/11/15

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR25045 (02/12)