

P13000006341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

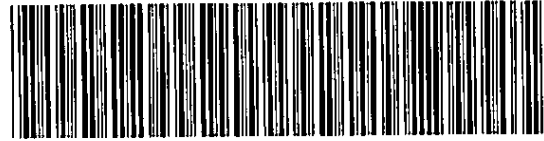
(Document Number)

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SECRETARY OF STATE  
FALL ARIZONA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hammer Down Express Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P13000006341

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 Smith

Name of Contact Person

Hammer Down Express Inc.

Firm/Company

7901 4th St N, Suite 5043

Address

St. Petersburg, FL 33702

City/State and Zip Code

info@hammerdownexpress.com

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

For further information concerning this matter, please call:

Michael Smith

Name of Contact Person

at ( 913 ) 356-9900 x6  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Hammer Down Express Inc.
2. The principal office address: 7901 4th St N STE 5043  
St Petersburg FL
3. The mailing address (if different): 7901 4th St. N STE 5043 St. Petersburg FL 33702
4. Date of incorporation/qualification: 01/15/13 Document number: P13000006341
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)

Registered Agents Inc.

7901 4th St N STE 300

St. Petersburg FL 33702

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

Michael Smith


250 N Banana River Dr. Unit C-11

P.O. Box NOT acceptable

Merritt Island, FL 32952

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

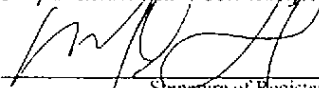
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Michael Smith, CEO

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

02/11/2022

\_\_\_\_\_  
Date

If signing on behalf of an entity:

MICHAEL SMITH  
\_\_\_\_\_  
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  
CR21045 (04/13)

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TALLAHASSEE, FL