## 

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE REACHABLE RETIREMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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C. GOLDEN

DEC -3 2018

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of	·
in orde	er to change its registered offic	ce or registered agent, or both, in the State of i	Florida.
1. The name of	the corporation: Reachable Re	etirement, Inc.	·
2. The principal	office address: 451 HOWARD	DAVENUE	
LAKELAND	FL 33815		
3. The mailing :	address (if different):		
4. Date of incor	poration/qualification: 05/31/2	2013 Document number: P13000	047608
	d street address of the current i rtment of State: (If resigned, et	registered agent and registered office on file with the resigned)	vith the
	C T CORPORATION SYSTE	ЕМ	_
	1200 SOUTH PINE ISL		2018 SEC TA
	PLANTATION, FL 33324	istered agent (if changed) and /or registered of	2018 NOV 30 Secretari
6. The name an (if changed):	d street address of the new reg	istered agent (if changed) and /or registered of	Medson A
	Registered Agents I	nc.	9: 0
	3030 N. Rocky Point Dr	. STE 150A	· E 35
		P.O. BOX NOT acceptable	•
	Tampa FL 33607		
The street addr as changed will	ess of its registered office and the identical.	I the street address of the business office of it	ts registered agent,
Such change w authorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an as been notified in writing of the change.	officer so
$\mathcal{D}_{\ell}$	on Eves	Don Eves, Director	
Signati	are of an officer or director	Printed or typed name and to	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registere to comply with the provisions my duties, and I am familiar us document is being filed me that the corporation has been	d agent and agree to act in this capacity, sof all statutes relative to the proper and con with and accept the obligation of my position rely to reflect a change in the registered officen notified in writing of this change.	nplete n as registered ce address, l
Bee Han	ner	11/30/18	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre			
ī	yped or Printed Name	H INC UUU. 635 00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)