

P13000078107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

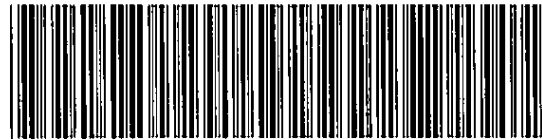
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

SEP 18 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Savcon, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000078107

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:

Jonathan F. Savoy
Name of Contact Person

Savcon, Inc.
Firm/Company

3015 Brookmont Drive
Address

Tallahassee FL 32312
City/State and Zip Code

savconinc.jfs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Savoy at (850) 933-4346
Name of Contact Person 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes statement of change is submitted for a corporation organized under the laws of the State of Fla in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Savcon, Inc.
2. The principal office address: 4034 SE 38th Loop, Ocala, FL 34480
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9.23.13 Document number: P13000078/07
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)

Stuart Thomas Savoy

4034 SE 38th Loop

Ocala, FL 34480

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

Jonathan F. Savoy

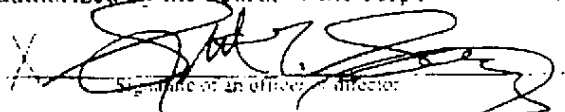
3018 Brookmont Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

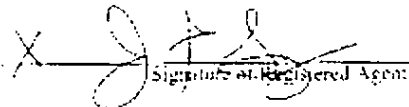
The street address of its registered office and the street address of the business office of its registrant as changed will be identical.

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

X 
Signature of an officer or director

Stuart Thomas Savoy
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 add hereby confirm that the corporation has been notified in writing of this change.

X 
Signature of Registered Agent

9.7.16

Date

If signing on behalf of an entity:

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TALLAHASSEE, FL