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## MICHAEL F. KAYUSA

ATTORNEY AT LAW

2077 First Street, Suite 201, Fort Myers, Florida

Mailing address: Post Office Box 2237, Fort Myers, Florida 33902 (239) 334-8200 fax: (239) 334-2899 e-mail: mfk@mfkayusa.com

January 27, 2020

Via Regular U.S. Mail

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

AMERICUT OF FLORIDA, INC.

CHANGE OF REGISTRED AGENT APPLICATION

Dear Sir/Madam.

Enclosed please find our client, Americut of Florida, Inc's Statement of Change of Registered Agent for Corporation together with our check in the amount of \$35.00 for your filing fee.

Should you have any questions please do not hesitate to contact us. Thank you for your time in this matter.

Sincerely yours,

Michael F. Kavúsa

MFK/kc Enclosures

Cc: Americut of Florida, Inc.

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

•	•	617.0502, 607.1508, or 617.1508, Florida Statu on organized under the laws of the State of Florid	
in order	to change its registered office o	or registered agent, or both, in the State of Florid	la.
1. The name of the	ne corporation: Americut of	Florida, Inc.	
2. The principal	office address: 1941 Custor	m Drive, Fort Myers, FL 33907	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 11/06/2	2013 Document number: P1300009	0824
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	e
	Kevin Sorrell		S 2
1941 Custom Drive			1000 J
	Fort Myers, FL 33907		2020 JAN 30 SECRETAL
6. The name and street address of the new registered agent (if changed) and /or regist (if changed):		ered agent (if changed) and /or registered office	
	Michael F. Kayusa, Esc	q	- <b>03</b>
	2077 First Street, Suite	201	1.:
•		Box NOT acceptable	
	Fort Myers, FL 33901		
The street addre	ss of its registered office and the	ne street address of the business office of its reg	istered agent,
Such change va authorized by	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an offic been notified in writing of the change.	er so
NA	Michael Harris		
	e of an officer or director	Printed or typed name and title	
l further agrée te performance of i	o comply with the provisions of my duties, and I am familiar wi	igent and agree to act in this capacity.  (all statutes relative to the proper and complete th and accept the obligation of my position as r by to reflect a change in the registered office ad otified in writing of this change.	registered
MAGO	4CX	11/11/19	
U Sylin	ature of Registered Agent	Date	
If signing on bef	nalf of an entity:		
ry	ped or Printed Name	<del></del>	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314

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