P1400000 2307

(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

COVER LETTER

TO:	Amendment Section Division of Corporations	· · ·
SUBJ	ECT: Schlegel Industries, Inc.	
Name	of Corporation	
DOC	UMENT NUMBER: P14000002307	
The er	nclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this n	natter to the following:
	t Schlegel	
	of Contact Person	
_	gel Industries, Inc.	
Firm/0	Company	
	ayshore Rd	
Addre	tss	
	nis, FL 34275	
City/S	State and Zip Code	
	schlegelind@gmail.com	74
E-ma:	il address: (to be used for future annual r	eport notification)
For fu	orther information concerning this matter, ple	ease call:
Leann	Schlegel	at (2523394077)
	Name of Contact Person	at (2523394077) Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the De	epartment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607,0302, 617,0302, 607,1308, or 617,1308, Fiorida 8 inge is submitted for a corporation organized under the laws of the State of $\frac{f}{f}$ or to change its registered office or registered agent, or both, in the State of F	lorida	tnis 	_
1. The name of	the corporation: Schlegel Industries, Inc.			
	office address: 127 Bayshore Rd			
3. The mailing a	address (if different): PO Box 2549, Greenville, NC 27836-2549			
	poration/qualification: 1/8/2014 Document number: P1400000	2307		
	I street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	th the		
	United States Corporation Agents, Inc.			
	5575 S Semoran Blvd Ste 36	7T 73S	2021	
	Orlando FL 32822	RET	021 JAN 27	-
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	SE TO	-P	5
	Schlegel Industries, Inc.	S TA	-: 2	C
	127 Bayshore Rd	L H	24	
	P.O. Box NOT acceptable			
	Nokomis FL 34275	,		
_	ess of its registered office and the street address of the business office of its be identical. Its authorized by resolution duly adopted by its board of directors or by an eleboard, or the corporation has been notified in writing of the change.			ent,
authorized by th				
Value	Robert Schlegel, President Printed or typed name and titl	le.		
I hereby accept I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and come d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		rforma Or, if i m that	nce this the
Valor	$-P \leq 100$ 1/22/2021			
Sign	nature of Registered Agent Date			_
If signing on be	half of an entity:			
Robert Schlegel				
il:	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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