(((H210003848393)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (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 SCAVO'S CONSULTING COMPANY, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statu in organized under the laws of the State of ir registered agent, or both, in the State of Flori		<i>S</i>
1. The name of	the corporation: Scavo's Cons	sulting Company, Inc.		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 01/21/20	Document number: P1400000	5896	
	nd street address of the current reginartment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	æ	
	UNITED STATES CO	RPORATION AGENTS, INC.		~1
	5575 S. SEMORAN B	LVD. SUITE 36	<u> </u> - - -	2021 (
	ORLANDO, FL 32822	ī		021 OCT 15
 The name and street address of the new registered agent (if changed) and /or registered offi (if changed): 				5 AM 10: 04
	Registered Agents Inc	<u>. </u>	· · · · · · · · · · · · · · · · · · ·): O.
	7901 4th St N STE 30		ı	***
	St. Petersburg FL 337	P.O. Box NOT acceptable		
The street add as changed wi	ress of its registered office and the	e street address of the business office of its rep	gistered	d agent,
Such change v authorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an offi- been notified in writing of the change.	cer so	
lim	othy Beck	Timothy Beck, President		
I hereby accep I further goree	nte of an officer or director If the appointment as registered a If to comply with the provisions of If am familiar with and accept If the province in the provisions of If the province of the province of the province If the province of the province	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address. I hereby co change.	te perfo ent. O onfirm	ormance r, if this that the
Bee Ham		10/15/2021		
S	ignature of Registered Agent	Date		
If signing on b	chalf of an entity:			
Bill Havre		_		
	Typed or Printed Name	_		
	* * * F]L]	ING FEE: \$35.00 * * *		

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