

PI4000049164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

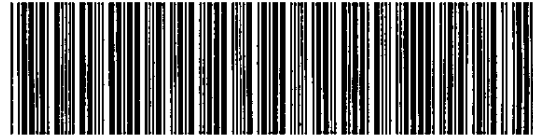
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

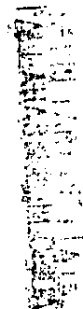
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MAY 02 2018

S. YOUNG

# KOVACH LAW FIRM, P.A.

303 Tompkins Street  
Inverness, Florida 34450

Telephone: (352) 341-5557

**PLEASE REPLY TO:**

Post Office Box 635  
Inverness, Florida 34451

Facsimile: (352) 341-5558

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April 27, 2018

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Southern Cart Co., Inc., a Florida Corporation**

Dear Sir/Madam:

Enclosed please find our check number 008264 in the amount of \$35.00 made payable to Florida Department of State together with a Statement of Change of Registered Office/Agent for the referenced corporation. Please file said document and return to our office. I have enclosed a self addressed stamped envelope.

Should you have any questions please contact me. Thank you for your attention to this matter.

Cordially,

KOVACH LAW FIRM, P.A.

By: 

Renée Husek, Legal Assistant to  
Michael T. Kovach, Jr.

Enclosures: As stated.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **SOUTHERN CART CO., INC.**

Name of Corporation

**DOCUMENT NUMBER:** **P14000049164**

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:

**Michael T. Kovach, Jr.**

Name of Contact Person

**Kovach Law Firm, P.A.**

Firm/Company

**PO Box 635**

Address

**Inverness, FL 34450**

City/State and Zip Code

**rah.kovachlawfirm@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael T. Kovach, Jr.**

Name of Contact Person

at ( **352** ) **341-5557**

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 OR  
BOTH FOR CORPORATIONS**

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

1. The name of the corporation: SOUTHERN CART CO., INC.  
2. The principal office address: 10089 E TRAILS END ROAD, FLORAL CITY, FL 34436

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/03/2014 Document number: P14000049164

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)


DORA THORNE  
10089 E TRAILS END ROAD  
FLORAL CITY, FL 34436

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

MICHAEL T. KOVACH, JR.  
303 Tompkins Street  
P.O. Box NOT acceptable  
Inverness, FL 34450

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

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

  
\_\_\_\_\_  
Signature of an officer or director

DORA THORNE, 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 address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

4/18/2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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