P14000071440

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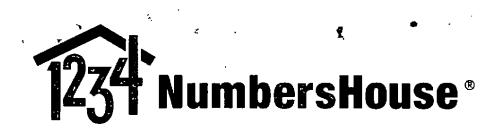


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MAY 2 9 2018 S. YOUNG



May 21, 2018

VIA US POSTAL SERVICE

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Camen, Inc. - P14000071440

To whom it may concern:

Please find enclosed a Statement of Change of Registered Agent, and check for filing fee in the amount of \$35.00 for the above referenced company. Please, return the confirmation to the address below.

If you have any questions, please do not hesitate to contact our office.

Respectfully Yours,

Stacey D. Clark

Business Entities

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations CAMEN INC Name of Corporation P14000071440 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: STACEY CLARK Name of Contact Person NUMBERS HOUSE Firm/Company 912 W BROADWAY Address MARYVILLE, TN 37801 City/State and Zip Code BUSINESS1@THENUMBERSHOUSE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STACEY CLARK Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 St 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 in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both in the State of Florida in order to change its registered office or registered agent, or both in the State of Florida in order to change its registered office or registered agent, or both in the State of Florida in order to change its registered office or registered agent, or both in the State of Florida in order to change its registered agent.	LORIDA	
1. The name of the corporation: CAMEN INC		
2. The principal office address: 2471 TYRONE BLVD N ST PETERSBURG, FL 33710		
3. The mailing address (if different): PO BOX 5255 MARYVILLE, TN 37802		
4. Date of incorporation/qualification: 08/26/2014 Document number: P14000	071440	_
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)		
C T CORPORATION SYSTEM		
1200 SOUTH PINE ISLAND RD		
PLANTATION, FL 33324	<u>.</u> <u></u> ≈	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):	1.2	-FI
JAMES F. LARREAU		M U
32430 SILVERCREEK WAY	Si 75	
P.O. Box NOT acceptable WESLEY CHAPEL, FL 33545	\$F 3	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,	ı
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so	
JAMES LARREAU 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 agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	is registered	
ilamestaneau 05/17/2018		
Signature of Registered Agent Date If signing on behalf of an entity:		
Typed or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35,00 * * *