

P14000091677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

AUG 17 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anderson Davis Real Estate Inc
Name of Corporation

DOCUMENT NUMBER: P14000091677

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:

Gavonnie T. Anderson (Terri)
Name of Contact Person

Anderson Davis Real Estate Inc.
Firm/Company

675 Tamiami Trail Unit 1
Address

Port Charlotte FL 33953
City/State and Zip Code

terri@andersondavisRE.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Anderson at (941) 815-6424
Name of Contact Person 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: Anderson Davis Real Estate Inc.
2. The principal office address: 675 Tamiami Tr. Unit 1
Port Charlotte Fl. 33953
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P14000091677

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)

2081 Doria St.
Port Charlotte Fl. 33952

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

675 Tamiami Trail
Unit 1
P.O. Box NOT acceptable
Port Charlotte Fl. 33953

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.

Gavonnie T. Anderson
Signature of an officer or director

Gavonnie T. Anderson
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.

Gavonnie T. Anderson
Signature of Registered Agent

8/10/15
Date

If signing on behalf of an entity:

Gavonnie T. Anderson
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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