

P140000 916 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entry Name)

(Document Number)

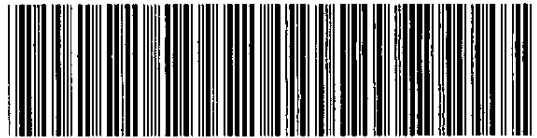
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Ga. Anderson (Term)
to proceed to file R/A changes
at her request on 8/23/17.
(No Refund necessary.)

SO

Office Use Only



900301739849 ✓

07/26/17--01016--009 **35.00

S TALLENT
AUG 23 2017

R/A-CH

FILED
17 AUG 23 PM 2:01
SECRETARY OF STATE
OF ALABAMA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

GAVONNIE T. ANDERSON
ANDERSON DAVIS REAL ESTATE INC.
866 TAMIAMI TR. SUITE 5
PORT CHARLOTTE, FL 33953

SUBJECT: ANDERSON DAVIS REAL ESTATE INC.
Ref. Number: P14000091677

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

Please complete the enclosed refund application and return it to this office for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 917A00016592



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

GAVONNIE T. ANDERSON
ANDERSON DAVIS REAL ESTATE INC.
866 TAMiami TR. SUITE 5
PORT CHARLOTTE, FL 33953

SUBJECT: ANDERSON DAVIS REAL ESTATE INC.
Ref. Number: P14000091677

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 217A00015801

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
Name of Contact Person

Anderson Davis Real Estate Inc.
Firm/Company

(New) 866 Tamiami Tr. Suite 5
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:

Gavonnie Anderson (Terri) 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: 866 Tamiami Tr Suite 5
Port Charlotte FL 33953
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 11/10/2014 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)

GAVONNIE T ANDERSON

14140 Tamiami Tr Suite B
North Port FL 34287

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

GAVONNIE T ANDERSON

866 Tamiami Tr. Suite 5
Port Charlotte FL 33953

P.O. Box NOT acceptable

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, Director
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

7/19/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
17 AUG 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FL 32314