

P14000091760

(Requestor's Name)

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(Business Entity Name)

(Document Number)

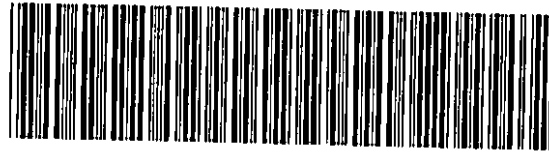
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Axiom Credibility Systems, Inc
Name of Corporation

DOCUMENT NUMBER: P14000091760

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:

James Rivette
Name of Contact Person

Axiom Credibility Systems, Inc
Firm/Company

119 N 11th St. Ste. 300A
Address

Tampa FL 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

James Rivette at (231) 855-4432
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

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TALLAHASSEE, FLORIDA

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Avicom Credibility Systems, Inc
2. The principal office address: 119 N 11th St. Ste 300A
Tampa FL 33602
3. The mailing address (if different): 119 N 11th St. Ste 300A
Tampa FL 33602
4. Date of incorporation/qualification: 11/10/2014 Document number FL14000091760
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)

Jennifer Cullen
119 N 11th St. Ste 300A
Tampa FL 33602

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

Englander Fischer
721 First Ave N
P.O. Box NOT acceptable
Saint Petersburg, FL 33701

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] _____ James Rivette _____
Signature of an officer or 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.

Englander Fischer
By: John W. Waechter, Partner
If signing on behalf of an entity:

12/3/18
Date

John W. Waechter
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

CR28045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA