## P14DDD092789

(Re	questor's Name)					
(Ad	dress)					
(Ãd	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: KARL C DIETRICH INC (Name of Corporation)
DOCUMENT NUMBER: P 14 0000 9 2789
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
KARL C DIETRICH
(Name of Firm/Company)
(77/ Cypross LH)
(Address)
VERO BEACH, F1 32963 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (172) 538-3153 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Canada Addinana Marii in Addinana

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 6 c is submitted for a c	corporation org	anizee	l under the laws of	f the State o	fflore	•
	change its registere	,			-		
1. The name of the	corporation:	KARL	C	DIETRICH	INC	<del>,</del>	·
2. The principal off	ice address:	1771	Cy	press Lx	/		
	ice address:	VERO	BE	ACH, FI	3296	3	
3. The mailing addr	ress (if different):						<del></del>
4. Date of incorpora	ation/qualification: _	11/13/20	14	Document num	ber: <u> </u>	40000 9	2709
	reet address of the crent of State: (If resig	_	_	t and registered of	fice on file	with the	
·	UNIZE	D Stale	15	Corporati	ou Age	uts In	· c
<i>U</i>				elcs Court			
		DA FL				_	
6. The name and str (if changed):	rect address of the no			f changed) and /or		SECRE IA	
_						ASS ASS	
		1 (G) (O) Box N	کے ک OT acce	L M/		— Tica -	
	VERO	BEACH,	P	32963	3	- 20 JF 41 S JF 41 S JF	~ C
The street address as changed will be	of its registered offi identical.						i agent,
authorized by the b	uthorized by resolu oard, or the corpora	tion duly adopt ition has been i	ed by notific	its board of directed in writing of the	tors or by a e change.	n officer so	
Xaul C	Suctruite an officer or director			Printed or ty	yped name and	ETRICH title	
I hereby accept the I further agree to c performance of my agent. Or, if this d hereby confirm tha	appointment as regonally with the providuties, and I am falocument is being fit the corporation ha	gistered agent ovisions of all st miliar with and led merely to re as been notified	and as atutes l acce eflect l in w	gree to act in this of relative to the properties the obligation of a change in the re riting of this change	capacity. oper and co of my position gistered off ge.	omplete on as registe. Tice address,	red I
Xacl C	Die Tuck re of Registered Agent		_	7/	/2/20 Date	18	<del></del>
If signing on behal				·			
Typed	or Printed Name	<del></del>					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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