

P14000095990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

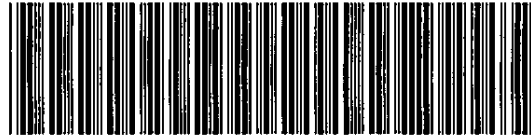
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000280110960

12/18/15--01009--005 **35.00

FILED
2015 DEC 18 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rolch 8

DEC 21 2015
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maxwell Marketing Inc.
Name of Corporation

DOCUMENT NUMBER: P14000095990

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:

William McClure

Name of Contact Person

Maxwell Marketing Inc.

Firm/Company

7215 River Country Drive

Address

Weeki Wachee, FL 34607

City/State and Zip Code

tbmrep@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William McClure

Name of Contact Person

at (352) 303-4000

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: Maxwell Marketing Inc.
2. The principal office address: 7215 River Country Drive, Weeki Wachee, FL 34607

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11-26-14 Document number: P14000095990

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)

WILLIAM MCCLURE
OLD ADDRESS: 4285 FLEXER DRIVE
HERNANDO BEACH, FL 34607

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

MOVED TO
William McClure
7215 River Country Drive
Weeki Wachee, FL 34607

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.

William McClure
Signature of an officer or director

WILLIAM MCCLURE PRES
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.

William McClure
Signature of Registered Agent

12-16-15
Date

If signing on behalf of an entity:

Typed or Printed Name

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