## P1500014314

(Requestor's Name)
(Address)
(Address)
(Hadress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cadified Coning Cadificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

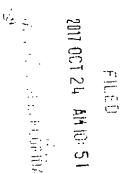
Office Use Only



300303046013

03/13/17--01008--028 \*\*25.00

10/24/17--01020--003 \*\*10.00



C. GOLDEN 00T 2 5 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: UT ProductS Name of Corporation
DOCUMENT NUMBER: P 15 0000 16314
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:
John A. Searcy Name of Contact Person
UJ Products Firm/Company
4030 Chicka Saw Address
San ford FL 3277/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Searcy at (407) 678-1729  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



September 15, 2017

JOHN SEARCY 4030 CHICKASAW DRIVE SANFORD, FL 32771

SUBJECT: UJ PRODUCTS INC. Ref. Number: P15000016314

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00 Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 417A00018808

## 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: UT Products, Inc.
2. The principal office address: 4030 Chickasaw DC Sanford, FL 32771-7032
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>02/18/2015</u> Document number: <u>P15000016314</u>
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)
John A. Searcy
5721 Cross fox Lane
OViedo, FL 32765
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\
4030 Chickasaw Dr 55
Sanford, FL 32771-7032
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 of an officer or director  Signature of an officer or director  Signature of an officer or director
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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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