

P15000020763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

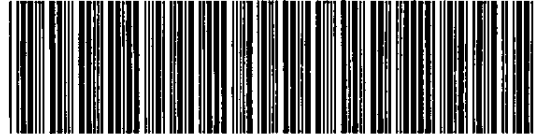
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TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 10 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **GARDNER ONE SIX CORP**

Name of Corporation

DOCUMENT NUMBER: **P15000020763**

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 R. GARDNER

Name of Contact Person

Firm/Company

316 W U.S. HWY 92

Address

SEFFNER, FLORIDA 33584-3637

City/State and Zip Code

jljoyce@tampabay.rr.com

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

For further information concerning this matter, please call:

JAMES GARDNER

Name of Contact Person

at (**813**) **877-8853**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2018

JAMES R. GARDNER
316 W U.S. HIGHWAY 92
SEFFNER, FL 33584-3637

SUBJECT: GARDNER ONE SIX CORP
Ref. Number: P15000020763

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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 518A00008933

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

1. The name of the corporation: GARDNER ONE SIX CORP
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/2015 Document number: P15000020763
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)

4204 W. GRAY ST

TAMPA, FLORIDA 33609

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

316 W U.S. HWY 92

SEFFNER, FLORIDA 33584-3637

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

James R Gardner PRES
Signature of an officer or director

JAMES R GARDNER, 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.

James R Gardner
Signature of Registered Agent

JAMES R GARDNER 5-7-2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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