

P15000041715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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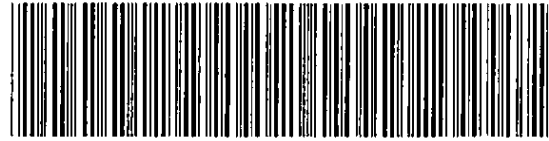
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MAXWELL CREATIONS INC.  
Name of Corporation

DOCUMENT NUMBER: P15000041715

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:

PATRICIA M MAXWELL  
Name of Contact Person

MAXWELL CREATIONS INC.  
Firm/Company

3810 MURRELL ROAD #127  
Address

ROCKLEDGE, FL 32955  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) maxwell.michelle80@gmail.com

For further information concerning this matter, please call:

PATRICIA M MAXWELL at (321) 704-0363  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: MAXWELL CREATIONS INC.
2. The principal office address: 1227 GOLDEN POND LN ROCKLEDGE FL 32955
3. The mailing address (if different): 3810 MURRELL ROAD #127 ROCKLEDGE FL 32955
4. Date of incorporation/qualification: 05/08/2015 Document number: P15000041715
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)

UNITED STATES CORPORATION AGENTS INC  
4710 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

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

PATRICIA M MAXWELL  
1227 GOLDEN POND LANE  
P.O. Box NOT acceptable  
ROCKLEDGE, FL 32955

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FILED

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.

Patricia M Maxwell  
Signature of an officer or director

PATRICIA M MAXWELL  
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.

Patricia M Maxwell  
Signature of Registered Agent

6/22/2023  
Date

If signing on behalf of an entity:

PATRICIA M MAXWELL  
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  
CR2E045 (04/13)