

P15000047991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

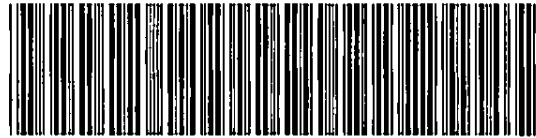
(Document Number)

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2020 JUN 11 AM 9:16

R. WHITE  
JUN 10 2020



2020 MAR 11 AM 11:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2020

KELLY L RAY  
ACUTREC  
PO BOX 14935  
CLEARWATER, FL 33766

SUBJECT: ACUTREC, INC  
Ref. Number: P15000047991

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

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 820A00007020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Acutrec

Name of Corporation

**DOCUMENT NUMBER:**

P 15000047991

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:

Kelly L. Ray

Name of Contact Person

Acutrec

Firm/Company

PO Box 14935

Address

Clearwater, FL 33766

City/State and Zip Code

2sungray@gmail.com

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

For further information concerning this matter, please call:

Kelly L Ray

Name of Contact Person

at ( 813 ) 240-7422

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: Acutrec
2. The principal office address: 1878 Main St.  
Safety Harbor, FL 34695
3. The mailing address (if different): PO Box 14935  
Clearwater, FL 34695
4. Date of incorporation/qualification: 5/29/2015 Document number: P15000047991
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)  
Michelle Golinski  
3020 Turtle Brook  
Clearwater, FL 33761

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

2020 JUN 11 AM 9:16

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]  
Signature of an officer or director

Kelly L Ray, VP  
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.

Bill Havre  
Signature of Registered Agent

5/6/2020  
Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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