## P15000062950

| (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



400374409854

10/06/21--01904--025 \*\*35.00



## **COVER LETTER**

| TO:           | Amendment Section<br>Division of Corporations |   |
|---------------|---|---|
| SUBJI<br>Name | ECT: Seminole Manor Corp of Corporation       | <del></del>   |
| DOCU          | JMENT NUMBER: P15000062950                    | <del></del>   |
| The en        | eclosed Statement of Change of Registered     | d Office/Agent and fee are submitted for filing.        |
| Please        | return all correspondence concerning this     | s matter to the following:                              |
| Eric Pe       | ennington                                     |   |
| Name          | of Contact Person                             |   |
| Semino        | ole Manor Corp                                |   |
| Firm/C        | Company                                       |   |
|               | ala Rd 300-278                                |   |
| Addres        | ss  | <del></del>   |
|               | assee, FL 32304                               |   |
| City/St       | tate and Zip Code                             | <del></del>   |
|               | seminolemanor@gmail.com                       |   |
| E-mai         | l address: (to be used for future annua       | report notification)                                    |
| For fur       | rther information concerning this matter, p   | please call:  |
| Eric Pe       | ennington                                     | 31 (865 \ \)630-0461                                    |
|               | Name of Contact Person                        | at (865 )630-0461  Area Code & Daytime Telephone Number |
| Enclos        | sed is a \$35.00 check made payable to the    | Department of State.                                    |
|               | Mailing Address: Amendment Section            | Street Address: Amendment Section                       |
|               | Division of Corporations                      | Division of Corporations                                |
|               | P.O. Box 6327                                 | The Centre of Tallahassee                               |
|               | Tallahassee, FL 32314                         | 2415 N. Monroe Street, Suite 810                        |

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch  | hange is submitted for a corporation or   | 0502, 607.1508, or 617.1508, Florida Stat<br>ganized under the laws of the State of <mark>Flor</mark><br>gistered agent, or both, in the State of Flor                                 | ida  |  |  |
|--|---|--|--|--|--|
| 1. The name of   | of the corporation: Seminole Manor Corp   |  |  |  |  |
| 2. The principal office address: 800 Ocala Rd 300-278, Tallahassee, FL 32304             |   |  |  |  |  |
| 3. The mailing   | address (if different):   |  |  |  |  |
| 4. Date of inco  | orporation/qualification: 7/19/2015   | Document number: P1500006295   | 50   |  |  |
|  | nd street address of the current registere sartment of State: (If resigned, enter resi  | ed agent and registered office on file with tigned)  |  |  |  |
|  | Robert Rinehart   | > > > > > > > > > > > > > > > > > > >  | 2021 OCT   |  |  |
|  | 800 Ocala Rd 300-278  | AHA  | 9-130<br>1-6   |  |  |
|  | Tallahassee, FL 32304   | Sich Sind Sind Sind Sind Sind Sind Sind Sind   |  |  |  |
| 6. The name ar<br>(if changed)   |   | agent (if changed) and /or registered office   | , w 🗨  |  |  |
|  | Eric Pennington   |  | •  |  |  |
|  | 800 Ocala Rd 300-278  |  |  |  |  |
|  | P.O Tallahassee, FL 32304   | . Box NOT acceptable   |  |  |  |
| The street addras changed wi   | iress of its registered office and the str<br>Il be identical.  | eet address of the business office of its re   | egistered agent,   |  |  |
| Such change v<br>authorized by   | was authorized by resolution duly ado<br>the board, or the corporation has been   | pted by its board of directors or by an off i notified in writing of the change.   | icer so  |  |  |
| Signat   | and Linte   | SAFAH PLACE Printed or typed name and title  | char   |  |  |
| I hereby accep<br>I further agree<br>of my duties, a<br>document is be<br>corporation he | ot the appointment as registered agent<br>e to comply with the provisions of all s<br>and I am familiar with and accept the<br>eing filed merely to reflect a change it<br>as been notified in writing of this char | and agree to act in this capacity.<br>Statutes relative to the proper and comple<br>obligation of my position as registered as<br>In the registered office address, I hereby c<br>age. | ete performance<br>gent. Or, if this<br>confirm that the |  |  |
| Emi  | ignature of Registered Agent  | 7/1/2 <sub>1</sub>   |  |  |  |
| If signing on b  | ochalf of an entity:  |  |  |  |  |
| ELEC   | PENNENS 70-V Typed or Printed Name  |  |  |  |  |
|  |   | FEE: \$35.00 * * *   |  |  |  |