

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000031

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

AUG 20 2018

 $e_{i}$ 

Email Address:\_\_

## REGISTERED AGENT CHANGE SMALL BUSINESS ADVISORY SERVICES, INC.

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Certificate of Status	0
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Estimated Charge	\$35.00
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the n	urovisions of sections 607,0502, 6	17.0502, 607.1508, or 617.1508, Florida St	otutes, this
	1 to a few a composition	n organized under the laws of the State of Fin r registered agent, or both, in the State of Fla	
	SMALL BUSINES	SS ADVISORY SERVICES, INC.	
1. The name of the	he corporation:	TION STREET, AVE MARIA, FL. 34142	
2. The principal	office address: 5848 CONSTITU	TION STREET, AVE MARIA, FL 34142	
3. The mailing a	ddress (if different):		
		P150000	67685
4. Onte of incom	poration/qualification: 08/11/201	Document number: P150000	th the
5. The name and Florida Depar	d street address of the current regirtment of State: (If resigned, ente	istered agent and registered office on file wi er resigned)	
	UNITED STATES CORPORAT		71 338 8101
	13302 WINDING OAK CO		2018 AUG 16 SECRETAS Y
	TAMPA, FL 33612		
6. The name an (if changed):	nd street address of the new regist	tered agent (if changed) and for registered of	MII: 17
(menor gray)	Northwest Registered	i Agent, LLC.	
	3030 N. Rocky Point Dr.	STE 150A	•
	Tampa FL 33607	O. Box NOT acceptable	-
The street add	lress of its registered office and t	the street address of the business office of i	ts registered agent.
Such change v	was authorized by resolution dul- the board, or the corporation ha	v adopted by its board of directors or by an s been notified in writing of the change.	officer so
Ma	LU KAUSMANN	MARY KAUFMANN, PRESIDER	NT .
l hereby accep	m in commit with the province.	l agent und agree to act in this capucity, of all statutes relative to the proper and co with und accept the obligation of my position vely to reflect a change in the registered off inotified in writing of this change.	mpletc on as registered ice address. I
lon	Glove	08/16/18	
	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
Tom Giov	ver	<u></u>	
	Typed or Printed Name	N 18/0 CCC - 625 NO * * *	
	* * * F I	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314

C831:042 (03/15)