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TO:

Amendment Section Division of Corporations

SUBJECT: Winningham and Pospichal, Inc. Name of Corporation
DOCUMENT NUMBER: P15000080380
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:
Randall K. Winningham
Name of Contact Person
Winningham and Pospichal, Inc.
Firm/Company
P.O. Box 102
Address
Winter Haven, FL. 33882
City/State and Zip Code
rkyle.winningham@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randall K. Winningham at (863) 268-5914 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. nge is submitted for a corporation organized under the laws of the State of <mark>Flor</mark> ida r to change its registered office or registered agent, or both, in the State of Florida		
	he corporation: Winningham and Pospichal, Inc.		
2. The principal	office address: 65 3rd Street NW, Suite 210, Winter Haven, FL. 33881		
3 The mailing a	ddress (if different): P.O. Box 102, Winter Haven, FL. 33882		
4. Date of incom	poration/qualification: 09/21/2015 Document number: P15000080380		
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	Eric Steven Pospichal	207	
	292 Magneta Loop, Auburndale, FL. 33823	22 APR	
	Resigned 3-3-3-3-4	8	1
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	PM 12: 50	
	Randall Kyle Winningham	Ö	
	329 Hamilton Shores Dr., Winter Haven, FL. 33881		
	P.O. Box NOT acceptable		
The street addre	ess of its registered office and the street address of the business office of its registered.	tered	agent.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	r so	
1.10	Randall Kyle Wing Printed or typed name and title		hq cc
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete at I am familiar with and accept the obligation of my position as registered agent in the registered office address, I hereby constitued in writing of this change.	perfor 1. Or firm th	mance if this aat the
12.12	(lw-/ 4//22		
If signing on be	hature of Registered Agent / Date half of an entity:		
	yped or Printed Name		

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