

06-20-2017

04:23PM

FROM GRAY ROBINSON PA

863-683-7462

T-930

P 001/004

F-116

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

JUN 21 2017

Email Address: _____

REGISTERED AGENT CHANGE
MICHAEL CHASE & ASSOCIATES INC.

Certificate of Status	0
Certified Copy	1
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35.00

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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: Michael Chase & Associates, Inc.
2. The principal office address: 3108 Central Drive, Plant City, Florida 33566
3. The mailing address (if different): PO Box 3082, Plant City, FL 33563
4. Date of incorporation/qualification: 11/12/2015 Document number: P15000092627

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)

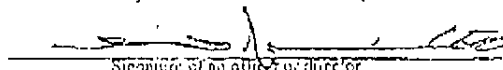
Michael Jemison3108 Central DrivePlant City, FL 33566

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

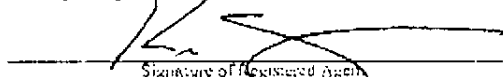
Keith C. Smith-Gray Robinson, PAOne Lake Morton DriveP.O. Box NOT acceptableLakeland, FL 33801

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.

 Michael Jemison, CEO
Signature of an officer or director 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.

 6/20/2017
Signature of Registered Agent Date

If signing on behalf of an entity:

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
 CR280:5 (03/12)

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