

P16000038198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

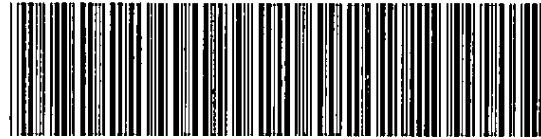
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TO:** Amendment Section  
Division of Corporations

DOCUMENT NUMBER: P 16 0000 38198

Stephen Bower  
Name of Contact Person

522 Pine Bluff Drive  
Address

Saint Augustine FL 32092  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) NICCORD BOWEN 1@GMAIL.COM

Stephen Bowen at (423) 710-4114  
Name of Contact Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bowen Distribution of Tax Inc.
2. The principal office address: 522 Pine Bluff Drive  
Saint Augustine FL 32092
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/01/16 Document number: P16000038198
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)

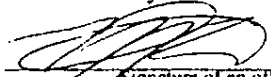
Stephen Bowen  
8599 H C Skinner Pkwy unit 5413  
Jacksonville FL 32256

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

Stephen Bowen  
522 Pine Bluff Drive  
P.O. Box NOT acceptable  
St Augustine FL 32092


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 of an officer or director

Stephen Bowen  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

12/15/2020  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Stephen Bowen  
\_\_\_\_\_  
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  
CR2E045 (04/13)