

PI6 000050240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

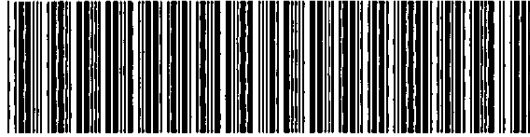
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 19 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNICATION AND STRATEGIES & INSIGHTS, INC
Name of Corporation

DOCUMENT NUMBER: P16000050240

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:

SUSAN TOADVINE
Name of Contact Person

COMMUNICATION STRATEGIES & INSIGHTS, INC
Firm/Company

905 HEATHCREST
Address

LAKELAND, FL 33801
City/State and Zip Code

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

For further information concerning this matter, please call:

SUSAN TOADVINE at (863) 393-8943
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A ADDRESS CHANGE FOR REGISTERED AGENT

★
ADDRESS FOR
CHANGE
REGISTERED
AGENT

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: COMMUNICATION STRATEGIES & INSIGHTS, INC
2. The principal office address: 905 HEATHERCREST
LAKELAND, FL 33813
3. The mailing address (if different): P.O. Box 5251
LAKELAND, FL 33807
4. Date of incorporation/qualification: 6-1-16 Document number: P16000050240
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)

SUSAN TOADVINE
914 CHRISTINA CAUSE DR
LAKELAND, FL 33813

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TALLAHASSEE, FLORIDA
OLD ADDRESS

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

SUSAN TOADVINE
905 HEATHERCREST
LAKELAND, FL 33813

P.O. Box NOT acceptable

NEW ADDRESS

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.

Susan Toadvine
Signature of an officer or director

SUSAN TOADVINE 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.

Susan Toadvine
Signature of Registered Agent

8-5-16
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