Division of Corporations
Electronic Filing Cover Sheet

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	Division of Corporations	
	Fax Number : (850)617-6380	
	From:	
	Account Name : DELOACH, HOFSTRA & CAVONIS,P.A.	
_	Account Number : I19990000123	
0_	Phone : (727)397-5571	
2.	- Fax Number : (727)393-5418	
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N. T.	**Enter the email address for this business entity to be used for futu	
12	annual report mailings. Enter only one email address please.**	
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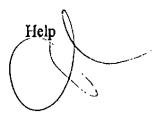
REGISTERED AGENT CHANGE KELLY CAMPBELL, INC.

Certificate of Status	0
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Electronic Filing Menu

To:

Corporate Filing Menu



Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organtn order to change its registered office or registe	ized under the laws of the State of FLORIDA					
1. The name of the corporation: KELLY CAMPBELL, IN	c.					
2. The principal office address: 16575 HUTCHINSON ROAD, ODESSA FL 33556						
3. The mailing address (if different): 425 ROBERTS ROA	D, OLDSMAR FL 34677					
4. Date of incorporation/qualification: 07/05/2016						
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned)	gent and registered office on file with the					
PETER T. HOFSTRA						
8640 SEMINOLE BLVD.						
SEMINOLE FL 33772	2					
6. The name and street address of the new registered agen (if changed):	at (if changed) and /or registered office					
Deloach, hofstra & cavonis, p.	<u>.</u> 8 2					
8640 SEMTNOLE BLVD.	SC #					
P.O. Box SEMINOLE FL 33772	NOT acceptable					
The street address of its registered office and the street is as changed will be identical.	address of the business office of its registered agent,					
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not such as the corporation of the corporation has been not such as the corporation of the corpo	ROBERT BOBACK, PRESIDENT/DIRECTOR					
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my auties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	i agree to act in this capacity. It is relative to the proper and complete performance gation of my position as registered agent. Or, if this registered affice address, I hereby confirm that the					
	AUGUST 25, 2022					
If signing on behalf of an entity: JOSEPH M. MURPHY, ESQ.	Déta					
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)