

P16 000087109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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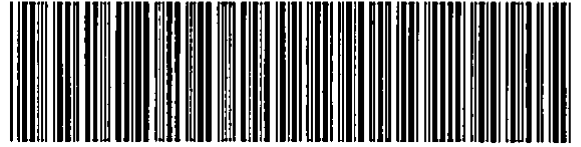
(Business Entity Name)

(Document Number)

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2019 AUG 21 AM 10:00

R. WHITE
AUG 29 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1820489 ONTARIO INC.
Name of Corporation

DOCUMENT NUMBER: P16000087109

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:

LORI HICKS
Name of Contact Person

1820489 ONTARIO INC.
Firm/Company

2201 SE INDIAN ST. Unit H-22
Address

STUART, FL 34997
City/State and Zip Code

LOR10HTS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI HICKS at (772) 410-7191
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

**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: 1820489 ONTARIO INC.
2. The principal office address: 2201 SE INDIAN ST UNIT H-22
STUART, FL, 34997
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/16 Document number: P16000087109
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)

LORI JACKSON (MAIDEN NAME)
4566 SW Scope St
Port St. Lucie, FL 34953

2019 AUG 21 AM 10:00

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

LORI HICKS (MARRIED NAME)
4566 SW SCOPE ST
P.O. Box NOT acceptable
PORT ST LUCIE, FL, 34953

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.

Lori Hicks
Signature of an officer or director

LORI HICKS/PRESIDENT/C
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.

Lori Hicks
Signature of Registered Agent

08/15/19
Date

If signing on behalf of an entity:

Lori Hicks
Typed or Printed Name

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