

P160000 87109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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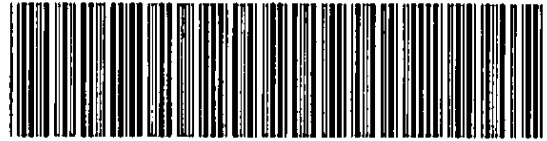
(Business Entity Name)

(Document Number)

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**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

3226 SW HAMBRICK ST  
Address

PORT ST LUCIE FL, 34953  
City/State and Zip Code

LORIOHTS@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): 4566 SW Scope St, Port St Lucie, FL 34953
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 Hicks  
4566 SW Scope St  
Port St. Lucie, FL 34953

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

Lori Hicks  
3226 SW Hambrick St  
Port St. Lucie, FL 34953

P.O. Box NOT acceptable

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  
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

11/25/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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