

P170000022149

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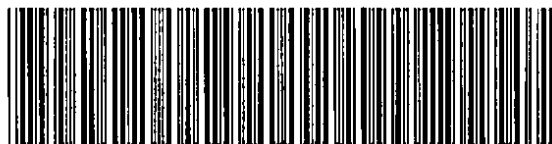
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 15 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2018

CHRIS DEMPSEY  
ALTERNATIVE TRANSMISSION OF APOPKA INC  
918 S OBT  
APOPKA, FL 32703

SUBJECT: ALTERNATIVE TRANSMISSION OF APOPKA INC  
Ref. Number: P17000022149

We have received your document for ALTERNATIVE TRANSMISSION OF APOPKA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 118A00022899

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alternative Transmissions of Apopka, FL  
Name of Corporation

DOCUMENT NUMBER: P17000022149

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:

Chris Dempsey  
Name of Contact Person

Alternative Transmission of Apopka  
Firm/Company

918 S. OBT  
Address

Apopka, FL 32703  
City/State and Zip Code

Alternative transmission@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Dempsey at (407) 814-0656  
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: Alternative Transmission of Apopka, Inc.  
2. The principal office address: 918 S. Orange Blossom Trail  
Apopka, FL 32703  
3. The mailing address (if different): Same  
4. Date of incorporation/qualification: 3-8-17 Document number: P17000022149

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)

Jack Dempsey  
109 W. Tilden St.  
Winter Garden, FL 34787

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

Christopher Dempsey  
28135 Lois Dr.  
P.O. Box NOT acceptable  
Tavares, FL 32778

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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]  
Signature of an officer or director

Christopher Dempsey  
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]  
Signature of Registered Agent

10-30-18  
Date

If signing on behalf of an entity:

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

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