## P17000054764

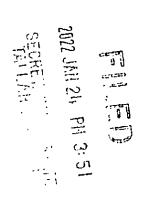
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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## COVER LETTER

| TO: Amendment Section<br>Division of Corporations  |  |  |
|--|--|--|
| 10.11.11.10.0  | !  |  |
| Name of Corporation  |  |  |
| SUBJECT: Mitchell and Sons Carpentry Inc. Name of Corporation  DOCUMENT NUMBER: P 170000 54764 |  |  |
| 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:                      |  |  |
| Patrick J. Mitchell  |  |  |
| Name of Contact Person   |  |  |
| Mitchell and Sons Carpentry Firm/Company   | Inc.   |  |
| 976 Peregrine Hill PL. Address   |  |  |
| Ruskin FL 33570 City/State and Zip Code  |  |  |
| City/State and Zip Code  |  |  |
| E-mail address: (to be used for future annual report notification)                             |  |  |
| E-mail address: (to be used for future annual report notification)                             |  |  |
|  |  |  |
| For further information concerning this matter, please call:                                   |  |  |
| Patrick J. Mitchell Name of Contact Person   | at (813 ) 418-9345                                 |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number               |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                           |  |  |
|  |  |  |
| Mailing Address:   | Street Address:                                    |  |
| Amendment Section  | Amendment Section                                  |  |
| Division of Corporations   | Division of Corporations The Centre of Tallahassee |  |
| P.O. Box 6327<br>Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 810                   |  |
| rananassee, FL 52514   | Tallahassee, FL 32303                              |  |

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CR2E045 (04/13)

## 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   |
|--|
| 1. The name of the corporation: Mitchell and Sons Carpentry Inc.  2. The principal office address: 926 Peregrine Hill Pl.  |
| _ Ruskin, FL, 33570  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: $04/23/2017$ Document number: $P170000547$   |
| 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)   |
| United States Corporation Agents, Inc.   |
| 5575 S. Semoran BLVD, Suite 36   |
| Orlando FL 32822 S   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Patrick J. Mitchell  |
| 926 Peregrine Hill PL. 2 w   |
| Ruskin F1. 33570   |
| 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.  |
| Patrick J. Mitchell President  Signature of an officer or 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. |
| Signature of Registered Agent  17/2022  Date   |
| If signing on behalf of an entity:   |
| Typed or Printed Name  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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