



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Batsford and Associates, Inc.  
Name of Corporation

DOCUMENT NUMBER: P17000066901

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:

Michael H. Batsford  
Name of Contact Person

Batsford and Associates, Inc.  
Firm/Company

2724 W. Aiken St.  
Address

Tampa, FL. 33607  
City/State and Zip Code

Mbatsford@Channelpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael H. Batsford at ( 813 ) 455-3225  
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 627  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Batsford and Associates, Inc.  
2. The principal office address: 2724 W. Aiken st.  
Tampa, FL. 33607  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Aug 7<sup>th</sup>, 2017 Document number: P17000066901

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)

"Resigned"

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

Michael H. Batsford

2724 W. Aiken St.

Tampa, FL. 33607

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Michael H. Batsford - 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.

[Signature]  
Signature of Registered Agent

11-20-2018  
Date

If signing on behalf of an entity:

Michael H. Batsford  
Typed or Printed Name

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