

P170000 74878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

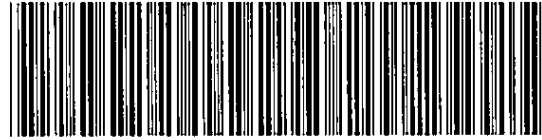
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS

FEB 10 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAMELOT TECHNOLOGY CORP.
Name of Corporation

DOCUMENT NUMBER: P17000074878

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:

SCOTT CUMMINGS
Name of Contact Person

CAMELOT TECHNOLOGY CORP.
Firm/Company

9224 HOLLISTON CREEK PL
Address

WINTER GARDEN FL 34787
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT CUMMINGS at (847) 668-4985
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: CAMELOT TECHNOLOGY CORP.
2. The principal office address: 9224 HOLLISTON CREEK PL
WINTER GARDEN FL 34787
3. The mailing address (if different): _____
4. Date of incorporation/qualification: FLORIDA Document number: P17000074878
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)

SCOTT CUMMINGS
1180 PONCE DE LEON BLVD #601
CLEARWATER FL 33756

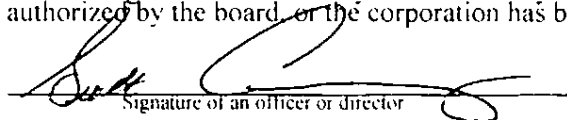
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SCOTT CUMMINGS
9224 HOLLISTON CREEK PL
P.O. Box NOT acceptable
WINTER GARDEN FL 34787

FILED
2020 JAN 13 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FL

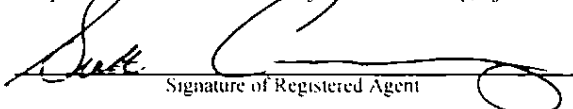
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

SCOTT CUMMINGS
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

JAN 10, 2020
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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