

P 170000 79359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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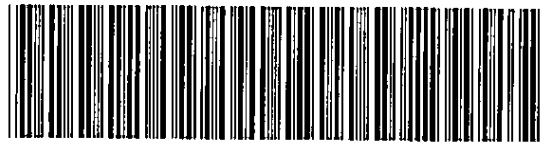
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Rachel Steele Buetel Inc  
Name of Corporation

DOCUMENT NUMBER: P17000079359

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:

Rachel Steele  
Name of Contact Person

Rachel Steele Buetel Inc  
Firm/Company

1009 Tequesta Street  
Address

Fort Lauderdale, FL 33312  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rachel Steele at ( 954 ) 609 7472  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rachel Steele Bvet Med Inc
2. The principal office address: 1009 Tequesta St, Fort  
Lauderdale, FL 33312
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/21/18 Document number: P17 0000 79359

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)

Qaldwell, KC  
7501 NW 4th St, Suite 112,  
Plantation, FL 33317

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

Rachel Steele  
1009 Tequesta Street  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33312

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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.

Rachel Steele  
Signature of an officer or director

RACHEL STEELE  
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.*

Rachel Steele  
Signature of Registered Agent

4-10-19  
Date

If signing on behalf of an entity:

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

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