

P/70000 89/46

(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:

Office Use Only



700323213447 ✓

FEB 14 2019

S TALLENT

FEB 14 2019

FILED  
19 FEB 13 PM 0:23  
CLERK OF COURT

R/A-elt



*Correction  
attached*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2019

DARRELL STEWART  
17820 BURNS RD.  
OCHOPEE, FL 34141

SUBJECT: APRENTISS COMMUNICATION SERVICES, INC.  
Ref. Number: P17000089146

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00002283

RECEIVED

2019 FEB 13 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** APrentiss Communication Services of Florida Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P1700 008 9146

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:

Darrell Stewart  
Name of Contact Person

Firm/Company

17820 Burns Rd.  
Address

Ochopee FL 34141  
City/State and Zip Code

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

For further information concerning this matter, please call:

Darrell Stewart at (786) 252-9721  
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: APRENTISS COMMUNICATION SERVICES, INC.
2. The principal office address: 1630 SE 178 St  
Summer Field, FL 34491
3. The mailing address (if different): 17820 Burns Rd,  
Ochopee, FL 34141
4. Date of incorporation/qualification: 11/06/2017 Document number: P1700 008 9146
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  
13302 Winding Oak Court A  
Tampa, FL 33612

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

Darrell Stewart  
17820 Burns Rd,  
P.O. Box NOT acceptable  
Ochopee, FL 34141


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

Tricia Prentiss, 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 of Registered Agent

2-10-2019  
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