

P17000095799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

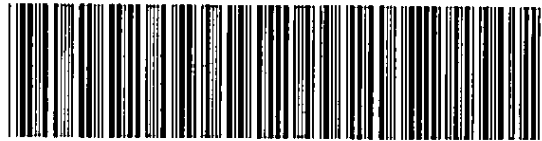
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600328443876

04/29/19--01027--012 *\$35.00

FILED

2019 APR 29 PM 1:25

C. GOLDEN

MAY 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Get Dry Inc**

Name of Corporation

DOCUMENT NUMBER: **P17000095799**

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:

Wm Todd Jackson Sr

Name of Contact Person

Get Dry Inc

Firm/Company

1499 SW 30th Ave Ste 28

Address

Boynton Beach Fl 33426

City/State and Zip Code

todd.getdry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wm Todd Jackson Sr

Name of Contact Person

at (**561**) **777-2618**

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: Get Dry Inc
2. The principal office address: 1499 SW 30th Ave Ste 28 Boynton Beach Fl 33426

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/04/2017 Document number: P17000095799

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)

Todd Jackson LLC

18 Velaire Dr

Boynton Beach Fl 33426

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

Todd Jackson LLC


1499 SW 30th Ave Ste 28

P.O. Box NOT acceptable

Boynton Beach Fl 33426

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.

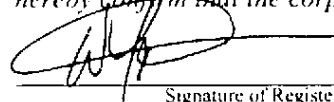


Signature of an officer or director

Wm Todd Jackson Sr 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

4/24/19

Date

If signing on behalf of an entity:

Wm Todd Jackson Sr

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 (03/12)

2019 APR 29 PM 1:25

FILED