

P18000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

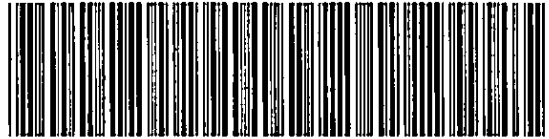
(Business Entity Name)

(Document Number)

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2018 APR 13 PM 1:50

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TO: Amendment Section
Division of Corporations

SUBJECT: Flare Referrals, Inc
Name of Corporation

DOCUMENT NUMBER: P18000001344

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:

Ellie Trahan
Name of Contact Person

Flare Referrals, Inc
Firm/Company

296 NE 25th Ave
Address

Ocala, FL 34470
City/State and Zip Code

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

For further information concerning this matter, please call:

Ellie Trahan at (352) 895-7177
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: Flare Referrals, Inc
2. The principal office address: 296 NE 25th Ave, Ocala, FL 34470
3. The mailing address (if different): 4612 SE 36th Ave, Ocala, FL 34480
4. Date of incorporation/qualification: 1/04/2018 Document number: P18000001344
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)

Mary E Trahan

4612 SE 36th Ave

Ocala, FL 34480

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

Ellie Trahan

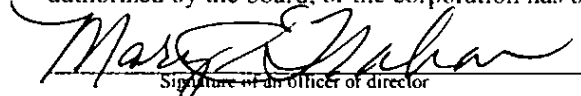
296 NE 25th AVE

P.O. Box NOT acceptable

Ocala, FL 34470

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

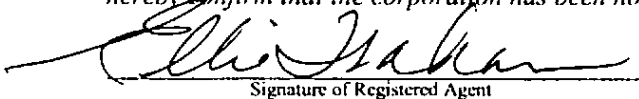
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mary E Trahan

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

4/11/2018

Date

If signing on behalf of an entity:

ELLIE TRAHAN
Typed or Printed Name

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