

P18000000 2556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

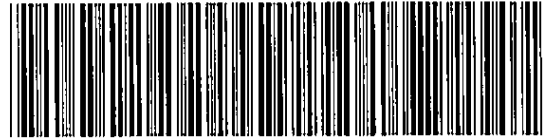
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600333108836

08/19/19--01006--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 19 PM 2:30

Ra Chang

AUG 27 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amazing Alexander Painting INC
Name of Corporation

DOCUMENT NUMBER: P18000002556

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:

David Calhoun

Name of Contact Person

Amazing Alexander Painting INC

Firm/Company

413 Benita Street

Address

Kissimmee, Florida 34744

City/State and Zip Code

amazingalexanderinc@gmail.com

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

For further information concerning this matter, please call:

David Calhoun

Name of Contact Person

at (407) 577-6283/ 954-5450

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 19 PM 2:30

**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: Amazing Alexander Painting INC
2. The principal office address: 413 Benita Street Kissimmee, Florida 34744
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2018 Document number: P18000002556
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)

Tammy Alexander

141 Spring Pines CT. #141

Kissimmee, Florida 34744

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

David Calhoun

413 Benita Street

P.O. Box NOT acceptable

Kissimmee, Florida 34744

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.

Tammy D Alexander
Signature of an officer or director

Tammy D Alexander
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.

David Calhoun
Signature of Registered Agent

9/14/19
Date

If signing on behalf of an entity:

DAVID Calhoun
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 19 PM 5:30