

P18000028575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

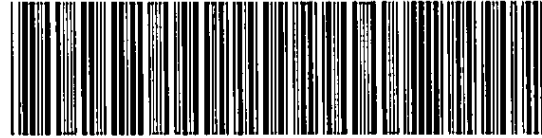
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600326851866

05/28/19--01031--016 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -2 PM 12:40

RA Chang

MAY 08 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clover Home Improvement

Name of Corporation

DOCUMENT NUMBER: P1800002875

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:

Shane Carrigan

Name of Contact Person

Clover Home Improvement

Firm/Company

2806 Wedgewood DR

Address

Plant City, FL 33566

City/State and Zip Code

shane.carrigan@yahoo.com

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

For further information concerning this matter, please call:

Shane Carrigan

Name of Contact Person

at (813) 394.7593

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 MAY -2 PM 12:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

SHANE CARRIGAN
CLOVER HOME IMPROVEMENT
2806 WEDGEWOOD DR
PLANT CITY, FL 33566

SUBJECT: CLOVER HOME IMPROVEMENT INC.
Ref. Number: P18000028575

We have received your document for CLOVER HOME IMPROVEMENT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records the current Registered Agent is United States Corporation Agents and not Cheyenne Moseley. Please make the proper corrections.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 619A00006925

RECEIVED

2019 MAY -2 PM 12:02

SECRET
TALLAHASSEE, FL

**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: Clover Home Improvement
2. The principal office address: 2806 Wedgewood Dr Plant City, FL 33566

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4.29.19 Document number: P18000028575

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

13302 WINDING OAKS COURT SUITE A

TAMPA, FL 33612

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

Shane Carrigan


2806 Wedgewood DR

P.O. Box NOT acceptable

Plant City, FL 33566

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.

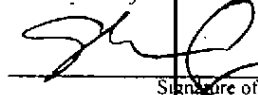


Signature of an officer or director

Shane Carrigan, Managing Partner

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

4.29.19

Date

If signing on behalf of an entity:

Shane Carrigan

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -2 PM 12:40