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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|--|
| | | | | | |
| SUBJE | CCT: Sheppard Trading, Inc. | | | | |
| | Name of Co | orporation | | | |
| DOCU | MENT NUMBER: P18000029323 | | | | |
| The en | 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: | | | |
| | | | | | |
| | Steven A. Sheppard | | | | |
| | Name of Con | tact Person | | | |
| | Sheppard Trading, Inc. | | | | |
| Firm/Company | | | | | |
| | | • | | | |
| | 2205 SW 49th Street | | | | |
| | Addi | ess | | | |
| | Cape Coral, Florida 339 | 14 | | | |
| | City/State an | d Zip Code | | | |
| soyboy20032003@yahoo.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| E-mail address. (to be used for future united report not medically) | | | | | |
| | | | | | |
| For fur | ther information concerning this matter, please of | rali: | | | |
| Steve | en A. Sheppard | at (315) 745-9361 | | | |
| | Name of Contact Person | at (315) 745-9361 Area Code & Daytime Telephone Number | | | |
| | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | | | | | |
| | Mailing Address: | Street Address: | | | |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | |
| | P.O. Box 6327 | Clifton Building | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | | Tallahassee, FL 32301 | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of I | Florida | _ |
|---|--|----------------------------------|-------------|
| 1. The name of | the corporation: Sheppard Trading, Inc. | | |
| 2. The principal | l office address: 2205 SW 49th Street | | |
| Cape Coral, I | Florida 33914 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | rporation/qualification: March 30, 2018 Document number: P180000 | 29323 | |
| | nd street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned) | ith the | |
| | Steven A. Sheppard | | |
| | 2205 SW 49th Street | | |
| | Cape Coral, Florida 33914 | - <u>F</u> | , |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered of | JUL 31 CKE I As N LAZHASSE | |
| | Registered Agents Inc. | . inc | \Box |
| | 3030 N. Rocky Point Dr. STE 150A | | D |
| | P.O. Box NOT acceptable Tampa FL 33607 | PH "4: 00 F STATE FLORIDA | |
| The street addr | ress of its registered office and the street address of the business office of it il be identical. | s registered a | gent, |
| Such change w authorized by t | vas authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change. | officer so | |
| Signali | ture of an process or director Printed or types frame and tit | - fres | |
| l further agree performance of agent. Or, if th | of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and confirm my duties, and I am familiar with and accept the obligation of my position his document is being filed merely to reflect a change in the registered officent the the thing of this change. | n as registerea | d |
| Bee Han | gnature of Registered Agent 7/25/26/8 Date | | |
| If signing on be | ehalf of an entity: | | |
| Bill Havre | | | |
| T | Typed or Printed Name | | |

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