

P18000038596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

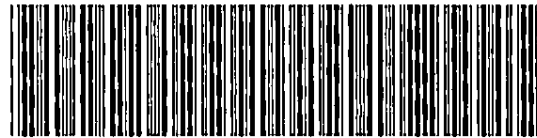
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18 DEC 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 03 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

MICHAEL H SOTO
ASSURANCE GOLF CONSULTING FL INC
14880 SHIPWATCH TRACE #1911
LARGO, FL 33774

SUBJECT: ASSURANCE GOLF CONSULTING FL INC.
Ref. Number: P18000038596

We have received your document for ASSURANCE GOLF CONSULTING FL 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):

The registered agent must sign accepting the designation.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 918A00025110

RECEIVED

2018 DEC 26 PM 4:04

SECRET
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurance Golf Consulting FL Inc.
Name of Corporation

DOCUMENT NUMBER: P18000038596

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:

Michael H Soto

Name of Contact Person

Assurance Golf Consulting FL Inc.

Firm/Company

14880 Shipwatch Trace #1911

Address

Largo, FL 33774

City/State and Zip Code

russell.wagtax@frontier.com

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

For further information concerning this matter, please call:

Russell Landon

Name of Contact Person

at (951) 283-2177

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: Assurance Golf Consulting FL Inc.
2. The principal office address: 14880 Shipwatch Trace, #1911 Largo FL, 33774
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/30/2018 Document number: P18000038596

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)

Business Filings Incorporated

1200 South Pine Island Road

Plantation FL, 33324 County of Broward

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

Mercedes Soto

14880 Shipwatch Trace, #1911 Largo FL, 33774

P.O. Box NOT acceptable

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

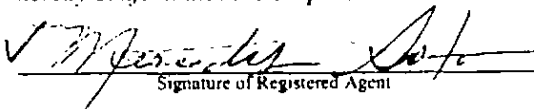
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mercedes Soto

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

11/17/2018

Date

If signing on behalf of an entity:

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)