

P18000042502

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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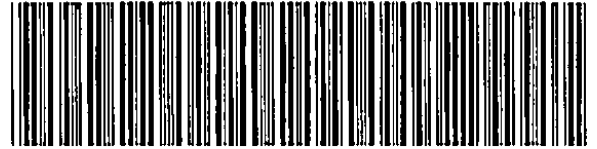
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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19 FEB 19 PM 3:15  
MILWAUKEE, WISCONSIN

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TEAM REID SOLUTIONS, INC.  
Name of Corporation

DOCUMENT NUMBER: P 18000042502

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:

MAURICE REID  
Name of Contact Person

TEAM REID SOLUTIONS  
Firm/Company

109 Amberweat Way  
Address

Davenport, FL 33897  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maurice Reid at ( 813 ) 410 3282  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Team Reid Solutions, Inc.
2. The principal office address: 539 Samuel St  
Davenport FL 33897
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/8/2018 Document number: P1800004250
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)

MAURICE REID  
539 Samuel St  
Davenport FL 33897

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

MAURICE REID  
109 Amberwell Way  
P.O. Box NOT acceptable  
Davenport FL 33897

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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.

M. Reid  
Signature of an officer or director

MAURICE REID  
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.

M. Reid  
Signature of Registered Agent

2/15/19  
Date

If signing on behalf of an entity:

MAURICE REID  
Typed or Printed Name

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