P18000004118

Office Use Only



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MAR 28 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

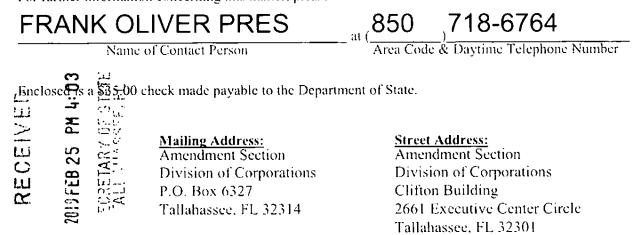
SUBJECT: SEMINOLE TOOLS INC	
Name of Corporation	
DOCUMENT NUMBER: P18000064118	

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:

FRANK OLIVER Name of Contact Person SEMINOLE TOOLS INC Firm/Company 2354 HARTSFIELD WAY Address TALLAHASSEE, FL 32303 City/State and Zip Code PLANEMAN10@YAHOO.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:





February 28, 2019

FRANK OLIVER SEMINOLE TOOLS INC 2354 HARTSFIELD WAY TALLAHASSEE, FL 32303

SUBJECT: SEMINOLE TOOLS INC

Ref. Number: P18000064118

We have received your document for SEMINOLE TOOLS INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 619A00004258

RECEIVED

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TORETME

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FL rockange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SEMINOLE TOOLS INC
2. The principal	office address: 2354 HARTSFIELD WAY
TALLAH	ASSEE, FL 32303 [NOTE THIS IS NEW ADDRESS]
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/01/2019 Document number: P18000064118
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	FRANK OLIVER PRES
	FRANK OLIVER PRES 4118 LITTLE DOTHAN RD SNEAD'S EL 32460
	SNEAD'S, FL 32460
6. The name and (if changed):	tment of State: (If resigned, enter resigned) FRANK OLIVER PRES 4118 LITTLE DOTHAN RD SNEAD'S, FL 32460 street address of the new registered agent (if changed) and /or registered office 8
	FRANK OLIVER PRES
	2354 HARTSFIELD WAY
	P.O. Box NOT acceptable
	TALLAHASSEE, FL 32303
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	FRANK OLIVER PRES
I hereby accept I further agree i performance of agent Or Ath	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. 2 - 19 - 19 Date Date
If signing on be	half of an entity:
- tran	yped or Printed Name

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