

P18000089773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

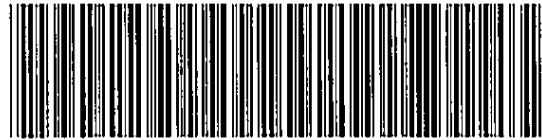
(Document Number)

Certified Copies _____ Certificates of Status _____

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RA must sign 611

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DIVISION OF CORPORATIONS
19 JUL 24 AM 11:39

RA Change

JUL 20 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Garrett Taber Inc.
Name of Corporation

DOCUMENT NUMBER: P18000089773

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:

Garrett Taber
Name of Contact Person

Garrett Taber Inc.
Firm/Company

7714 Aralia Way
Address

Seminole FL 33774
City/State and Zip Code

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

For further information concerning this matter, please call:

Garrett Taber at (727) 423-4571
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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2019

GARRETT TABER
GARRETT TABER INC.
7714 ARALIA WAY
SEMINOLE, FL 33774

SUBJECT: GARRETT TABER INC.
Ref. Number: P18000089773

We have received your document for GARRETT TABER 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.

Diane Cushing
Senior Section Administrator

Letter Number: 319A00014166

RECEIVED

2019 JUL 24 PM 12:22

STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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: Garrett Taber Inc
2. The principal office address: 7714 Aralia Way
Seminole FL 33777
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/29/2018 Document number: P18000089773

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 Rd

Plantation, FL 33324

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

Garrett Taber

7714 Aralia Way

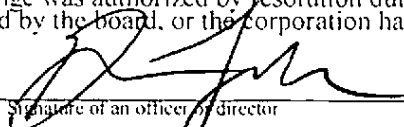
P.O. Box NOT acceptable

Seminole FL 33777

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19 JUL 24 AM 11:39

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.

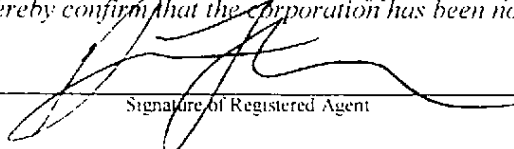


Signature of an officer or director

Garrett Taber, President

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

7/20/19

Date

If signing on behalf of an entity:

GARRETT TABER

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