

P180000 91089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JANUARY 2019

C. GOLDEN

APR -2 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cowart Services Inc.  
Name of Corporation

DOCUMENT NUMBER: P18000091089

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:

Kerry Cowart  
Name of Contact Person

Appliance Repair Services of Jacksonville  
Firm/Company

4061 Spring Park Circle  
Address

Jacksonville, FL 32207  
City/State and Zip Code

Appliance Repair Services of Jax@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Cowart at ( 904 ) 645-5600  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2019

KERRY COWART  
4061 SPRING PARK CIRCLE  
JACKSONVILLE, FL 32207

SUBJECT: COWART SERVICES INC  
Ref. Number: P18000091089

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 319A00005650

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TALL

**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: Cowart Services Inc
2. The principal office address: 4061 Spring Park Circle  
Jacksonville, FL 32207
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-1-2018 Document number: P18006091089
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)

Jason C Cowart  
4061 Spring Park Circle  
Jacksonville, FL 32207

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

Jason C Cowart  
4061 Spring Park Circle  
Jacksonville, FL 32207

P.O. Box NOT acceptable

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.

Kerry B Cowart  
Signature of an officer or director

Kerry B Cowart VP  
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]  
Signature of Registered Agent

3/28/19  
Date

If signing on behalf of an entity:

Jason C Cowart  
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

2019 APR - 1 PM 12:17

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