

P18000094324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

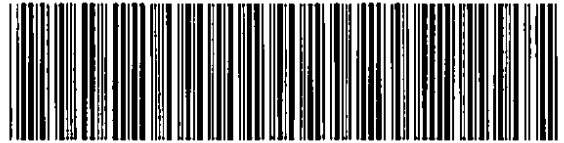
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800322212878

12/26/18--01014--015 **35.00

JAN 07 2019
S. YOUNG

FILED
18 DEC 26 AM 7:56
SOUTHERN DISTRICT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gator Tours Inc.
Name of Corporation

DOCUMENT NUMBER: P18000094324

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:

Veronica Leo
Name of Contact Person

Gator Tours Inc.
Firm/Company

4139 W. Vine St #109
Address

Kissimmee FL 34741
City/State and Zip Code

gator-tours-inc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Leo at (727) 278-1649
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: Gator Tours Inc.
2. The principal office address: 4139 W. Vine St #109
Kissimmee, fl 34741
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Jan 1, 2019 Document number: P18000094384
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)

Carlos Reguerin
1001 N. Hoagland Blvd
Kissimmee, fl 34741

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

Mario Reguerin
1001 N. Hoagland Blvd
Kissimmee, fl 34741

P.O. Box NOT acceptable

FILED
18 DEC 26 AM 7:57
TALLAHASSEE, FLORIDA

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.

Veronica LEO
Signature of an officer or director

Veronica LEO
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.

Mario Reguerin
Signature of Registered Agent

12/18/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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