## P19000002521

| (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: |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Shady Oaks Services Inc.  |
| DOCUMENT NUMBER: <u>P1900002521</u>  |
| 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:                    |
| Mark Sim S Name of Contact Person  |
| Firm/Company   |

mark is ims@live. Lom

2-man address: (to be used for future admust report nonnegation

For further information concerning this matter, please call:

Mark SIMS at (722) 442-932C
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

CR2E045 (03/12)

## $_{\gamma}$ 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 under the change its registered office or registered agent, or both, in the State of Florida.  | - 1 |
|--|-----|
| 1. The name of the corporation: Shady Oaks Services INCOrporation: 2. The principal office address: 45/3/5 Eckles Or, Tampa, F)  | 0   |
| 3. The mailing address (if different):   |     |
| 4. Date of incorporation/qualification: 1/4/2019 Document number: P190000252/  |     |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (It resigned, enter resigned)  Laro / 10  |     |
| 6 The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **Dath Sims** **Logical Street**  **Logical Street** |     |
| 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.  Caroline  Signature of an officer or director  Printed or typed name and title  | Eit |
| 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 dutiles, 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.  Signsture of Registered Agent   |     |
| If signing on behalf of an entity:   | ٥   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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