P19000045610

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PES AND COMPANY, INC. Name of Corporation DOCUMENT NUMBER: P19000045610 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: PETER F. SABBOW Name of Contact Person PES AND COMPANY, INC. Firm/Company 0488 MIGLIERA WAY Address FORT MYERS, FL 33913 City/State and Zip Code psabbow@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PETER F. SABBOW Name of Contact Person Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallabases. The Centre of Tallabase.				
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P.O. Box 6327 The Centre of Tallahassee	Amendment Section	Amendment Section		
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	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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 Statunge is submitted for a corporation organized under the laws of the State of $\frac{FLC}{FLC}$	ORIDA		
	er to change its registered office or registered agent, or both, in the State of Flor	rida.		
	the corporation: PFS AND COMPANY, INC.			
2. The principal	office address: 1121 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936			
3. The mailing a	address (if different): 10488 MIGLIERA WAY FORT MYERS, FL 33913			
4. Date of incom	poration/qualification: 06/04/2019 Document number: P190000456	10		
	d street address of the current registered agent and registered office on file with tartment of State: (If resigned, enter resigned)	the		
	ROYSTON, ROBERT D, JR.			
	134 SW 52NS ST.	60	20	
	CAPE CORAL, FL 33914		2020 AUG 2	***************************************
6. The name and (if changed):	id street address of the new registered agent (if changed) and /or registered office on the new registered agent (if changed) and /or registered office on the new registered agent (if changed) and /or registered office on the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (6 24 PM	
	SABBOW, PETER F	ST	 ယ္	
	1121 HOMESTEAD ROAD NORTH	ATE	ယ္ထ	
	P.O. Box NOT acceptable			
	LEHIGH ACRES, FL 33936			
The street address changed will	ress of its registered office and the street address of the business office of its rell be identical.	egiste	red a	igent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer s	ю	
1 Mart	PETER F. SABBOW, PRESIDENT			
I hereby accept I further agree of my duties, an document is, bei	the appointment as registered agent and agree to act in this capacity. It the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and completed in a familiar with and accept the obligation of my position as registered a sing filed merely to reflect a change in the registered office address. I hereby to be a provided in writing of this change.	ete pe igent confir	rfori Or m th	mance if this at the
7 400	10-20-2020			X
	gnature of Registered Agent Date behalf of an entity:			
PETER F. SABI	вом			
T	Typed or Printed Name			

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