

P19000068961

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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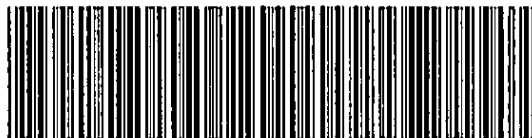
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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V. SULKEP  
NOV 23 2020

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 3 D Disaster Consultants Inc.  
Name of Corporation

DOCUMENT NUMBER: P19000068961

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:

Charrico Reed  
Name of Contact Person

Firm/Company  
1247 Parker Road  
Address  
Lakeland FL 33811  
City/State and Zip Code

charricogrier3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charrico Reed at (863) 5135514  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: 3-D Disaster Consultants
2. The principal office address: 240 North Broadway Ave Bartow FL 33830
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/23/2019 Document number: P19000068961
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)

TaMetress Reed

4169 Shade Tree Lane

Lakeland FL 33812

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

Charrico Reed

1247 Parker Road

P.O. Box NOT acceptable

Lakeland FL 33811

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]  
Signature of an officer or director

Charrico Reed - 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]  
Signature of Registered Agent

09/21/20

Date

If signing on behalf of an entity:

Charrico Reed

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  
CR2E045 (04/13)