Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000179586 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## **REGISTERED AGENT CHANGE** AUGUST & MONROE, INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: AUGUST & MONROE, INC.  Name of Corporation	<u></u>		
DOCUMENT NUMBER: P19000082255			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
MORGAN NOBLE			
Name of Contact Pers	on		
Firm/Company			
7901 4th St N Ste 300			
Address			
St. Petersburg, FL 33702			
City/State and Zip Code			
eastern@northwestregisteredagent.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Margan Nabla			
Morgan Noble Name of Contact Person at (	509 768-2249 ea Code & Daytime Telephone Number		
	, ,		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: AUGUST & M	ONROE
2. The principal of	=== N 4011 E	OR UNIT 2509
	TAMPA, FL 33	8602
3. The mailing ac	ddress (if different): 777 N ASH	LEY DR UNIT 2509
	TAMPA, FL	33602
4. Date of incorp	oration/qualification: 10/21/20	19 Document number: P19000082255
	street address of the current reg ment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
_	26TH VENTURES GROUP,	LLC
777 N ASHLEY DR UNIT 2509		
	TAMPA, FL 33602	<u>-</u> .
6. The name and (if changed);		ered agent (if changed) and /or registered office
	7901 4th St N STE 300	) 
•		Box NOT acceptable
	St. Petersburg FL	33702
_		e street address of the business office of its registered agent,
<del>-</del>		adopted by its board of directors or by an officer so been notified in writing of the change.
Michael		CONDER, MICHAEL A. / President, Director
I hereby accept to I further agree to performance of the agent. Or if this	o comply with the provisions of ny duties, and I am familiar wi s document is beiny filed merel	Printed or typed name and title  gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I  orified in writing of this change.
Tona	love	05/04/2021
	ature of Registered Agent	Dute
If signing on beh	alf of an entity:	
	er / Manager ped or Printed Nume	_

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