

P19 000093005

(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



800352412748

09/21/20--01033--010 **85.00

FILED
2020 SEP 21 PM 5:14
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CW Flies, Inc
Name of Corporation

DOCUMENT NUMBER: p19000093005

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:

Cory Wheeler
Name of Contact Person
CW Flies
Firm/Company
2941 SE Bella Rd
Address
Port St Lucie, FL 34984
City/State and Zip Code
corywheeler88@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Wheeler at (772) 341-4043
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: CW Flies
2. The principal office address: 2941 SE bella Rd Port St lucie, FL 34984
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/19 Document number: p19000093005
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)

Bizfilings

8020 Excelsior Dr. Suite 200 Madison, WI 53717

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

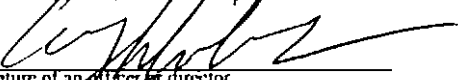
Cory Wheeler

2941 SE Bella Rd Port st Lucie, FL 34984

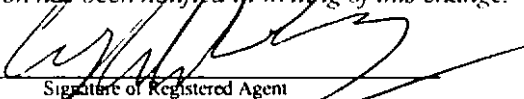
P.O. Box NOT acceptable

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.

 Cory Wheeler
Signature of an officer or director 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.

 9/15/2020
Signature of Registered Agent Date

If signing on behalf of an entity:

Cory Wheeler
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)

FILED
2020 SEP 21 PM 5:14
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE