

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAUTHEN & BURNS, P.A.

Account Number : I19980000085

Phone : (352)343-2225 Fax Number : (352)343-7759

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

Email Address: rachelschweizer@gmail.com

REGISTERED AGENT CHANGE DOT DISPOSAL, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: DOT DISPOSAL, INC. | |
| Name of Corporation | |
| DOCUMENT NUMBER: P20000004882 | |
| The enclosed Statement of Change of Registered | Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this | |
| | |
| William H. Cauthen | · |
| Name of Contact Person | |
| Cauthen & Burns, P.A. | |
| Firm/Company | |
| 215 N. Joanna Avenue | |
| Address | |
| Tavares, FL 3278 | |
| City/State and Zip Code | |
| rachelschweizer@gmail.co | m |
| E-mail address: (to be used for future annual | report notification) |
| | |
| For further information concerning this matter, p | olease call: |
| William H. Cauthen | 343-2225 |
| Name of Contact Person | at (352)343-2225 Area 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 P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| 1 ananassee, 1 2 22214 | Tallahassee, FL 32303 |

CR2E045 (04/13)

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

| statement of char | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida | <u></u> | |
|---|---|--|----|
| 1. The name of the 2. The principal | the corporation: dot disposal, Inc. office address: 41741 N. Emeralda Island Road, Leesburg, FL 34788 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 1/23/2020 Document number: P20000004882 | | |
| 5. The name and Florida Depar | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | | |
| | Timothy Vem Schweizer | 217 | |
| | 41741 N Emeralda Island Road | 2003 200 17 | |
| | Leesburg, FL 34788 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | fiii 9 : 09 | ۇ. |
| | Rachel Lynne Schweizer | 30 | |
| | 41741 N Emeralda Island Road | | |
| | P.O. Box NOT acceptable Leesburg, FL 34788 | | |
| The street address changed will | ress of its registered office and the street address of the business office of its regill be identical. | istered agent, | |
| Such change w authorized by t | vas authorized by resolution duly adopted by its board of directors or by an offic the board, or the corporation has been notified in writing of the change. | er so | |
| than | The Schweizer, President | | |
| | 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 complete and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby comes been notified in writing of this change. | e performance mi. Or, if this nfirm that the | |
| - <u>Nac</u> | Grature of Registered Agent Date | | |
| If signing on b | pehalf of an entity: | | |
| Rachel Lynne | Schweizer | | |
| | 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)