

P2000004882

Florida Department of State
Division of Corporations
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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 |

2020 APR 17 PM 4:11

2020 APR 17 AM 9:09

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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 matter to the following:

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.com

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

For further information concerning this matter, please call:

William H. Cauthen

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
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: dot disposal, Inc.
- 2. The principal office address: 41741 N. Emeraldal Island Road, Leesburg, FL 34788
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1/23/2020 Document number: P20000004882
- 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)

Timothy Vern Schweizer
41741 N Emeraldal Island Road
Leesburg, FL 34788

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

Rachel Lynne Schweizer
41741 N Emeraldal Island Road
 P.O. Box NOT acceptable
Leesburg, FL 34788

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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.

Rachel Schweizer
 Signature of an officer or director

Rachel Lynne Schweizer, 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.

Rachel Schweizer
 Signature of Registered Agent

4/17/20
 Date

If signing on behalf 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)