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COVER LETTER

	mendment Section ivision of Corporations
SUBJECT	T: FLORIDA KEEP EM ROLLIN INC Name of Corporation
DOCUM	ENT NUMBER: P200000 332 68
The enclos	sed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	JOSEPH CIAVARELLA Name of Contact Person
	Number Conduct Cool
	Firm/Company
	• •
	1903 SE 33RD TER. Address
	CAPE CORAL FL 33904 City/State and Zip Code
	TCFLYER 65P & ADL. COM E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
JOSE	TPH CIAVARE A at (239 TTO-7402 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is	s 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 Clifton Building
	Tallahassee, FL 32314 Cinton Bunding 2661 Executive Center Circle Tallahassee, FL 32301

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: FLORIDA KEEP EM ROLLIN INC
2. The principal office address: 7201 GREEN ACRE LN
FT MYERS FL 33912
3. The mailing address (if different):
4. Date of incorporation/qualification: May 01 2020 Document number: P2 0000 332 68
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)
MICHAEL D ARCENEAUX
928 SW 30th TEXRACE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): \$\int \mathcal{TOSEPH} \mathcal{J} \tag{CIAVARE} \mathcal{A} \tag{SSC} \tag{SSC}
JUZKAN J. LINVAREUTA SIR ₹ III
1903 SE 33R9 TERRACE P.O. Box NOT acceptable
P.O. Box NOT acceptable CAPE CORAL FL 33904
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 of an officer or director DOSEPH J CINVARE JA PAS. 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.
7-27-2020
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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