

P2000000 34713

(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



300346089813

06/23/20--01015--009 **35.00

RECEIVED

JUN 22 2020

S TALLENT

AUG 11 2020

2020 JUN 22 AM 8:50

R/A-ct

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SINELEN INDUSTRIES INC
Name of Corporation

DOCUMENT NUMBER: P20000034713

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:

ELIZABETH HOLLEY STITZ

Name of Contact Person
SINELEN INDUSTRIES INC

Firm/Company
3590 MOLAREE DR

Address
PENSACOLA, FL 32503

City/State and Zip Code

e.stitz@sinelenindustriesinc.com

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

For further information concerning this matter, please call:

ELIZABETH HOLLEY STITZ

at (251) 404-3867
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: SINELLEN INDUSTRIES INC
2. The principal office address: 3590 MOLAREE DR, PENSACOLA, FL 32503

3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 7, 2020 Document number: P20000034713

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)

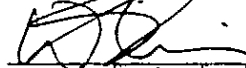
WESLEY NIELSEN
3590 MOLAREE DR
PENSACOLA, FL 32503

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

ELIZABETH HOLLEY STITZ
3590 MOLAREE DR
PENSACOLA, FL 32503 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.


Signature of an officer or director

WESLEY NIELSEN, CHAIRMAN OF THE BOARD
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.


Signature of Registered Agent

06/10/2020
Date

If signing on behalf of an entity:

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)

2020 JUN 22 AM 8:50