P21000014652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orly/Oute/Zight Hollow)
PICK-UP WAIT MAIL
(Decision Factor Alexan)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Amendment Section Division of Corporations	
	ECT: Change of address of Designated Ager	nt
Name	of Corporation	
DOC	UMENT NUMBER: P21000014682	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Lou C	hristian	
Name	of Contact Person	
	rstone Home Inspections of NW FL, Inc	
Firm/0	Company	
410 Lo	ocksley Drive	
Addre	SS	
Panam	na City Beach, FL 32413	
City/S	tate and Zip Code	
	inspector@cshomeinsp.com	
E-mai	il address: (to be used for future annua	I report notification)
For fu	rther information concerning this matter, p	please call:
Lou C	hristian	at (405) 8236476
-	Name of Contact Person	at (405) 8236476 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

			0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of			
			gistered agent, or both, in the State of			
i. The name of	the corporation:	Cornerstone Home Ins	spections of NW FL, Inc			
2. The principal			Panama City Beach, FL 32407			
3. The mailing a	address (if differer	nt): 410 Locksley Dri	ve. Panama City Beach, FL 32407			
4. Date of incor	4. Date of incorporation/qualification: 02/28/2021 Document number: P21000014682					
5. The name and	d street address of		d agent and registered office on file w			
	Robert E. Christia	an				
	17155 Front Beac	ch Road, Unit 701W		2022 FALL		
	Panama City Bea	ch, FL 32413		FIL 2022 JUN 27 ALLAHASS		
6. The name and (if changed):	d street address of	the new registered a	gent (if changed) and /or registered or			
	Robert E. Christia	an		4: 28		
	410 Locksley Dri	ve				
P.O. Box NOT acceptable						
	Panama City Bea	ch, FL 32413		_		
The street address changed will	ess of its registere be identical.	d office and the stre	eet address of the business office of i	ts registered agent,		
		esolution duly adop orporation has been	ted by its board of directors or by an notified in writing of the change.	officer so		
Loul	Wistian)	President			
Signatui	e of an officer or direct	or	Printed or typed name and t	itte		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with the apply with the apply am familiar with filed merely to begin notified in	as registered agent e provisions of all si ith and accept the o reflect a charge in witting of this chang	and agree to act in this capacity. tatutes relative to the proper and cor bligation of my position as registere the registered office address, I here ge.	nplete performance d agent. Or, if this by confirm that the		
1/50	125	A	6/23/2022			
	nature of Registered Ag	ent V	Date			
If signing on bel	half of an entity:					
Ту	ped or Printed Name					

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