## P21000025662

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Clate/2.pt/ None ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

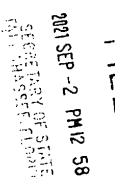
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## **COVER LETTER**

SUBJECT: Florida Shotcrete Corp Name of Corporation
DOCUMENT NUMBER: 121000025662
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:
Dawn Thompson Name of Contact Person
Florida Shotcrete Corl
Firm/Company 3438 East Lake Rd Ste 14 PMB601
Name of Contact Person  Florida Shotcrete Corf  Firm/Company  3438 East Lake Rd Ste 14 PMB601  Address  Pala Harbor FL 34685  City/State and Zip Code  Dawn @ Pool Care Florida. con  E-mail address: (to be used for future annual report notification)
Dawn @ Pool Care Florida, con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 565-7398  Area Code & Daytime Telephone Number
Traine of Contact Feldon Thea Code & Daytine Felephone France
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

CR2E045 (04/13)

FUR 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 Shoticte Corp.
2. The principal office address: 3438 East Lake Rd 5te 14 PMB 601
Palm Harbor, FL 34685
3. The mailing address (if different): (Sune)
4. Date of incorporation/qualification: 03/23/21 Document number: P2100025662
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)
Business Filings Incorporated
1200 South Pine Island Road = 3
Plantation FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office?
your trongon
3128 Phoenix Ave
3125 Phoenix AUR.  P.O. Box NOT acceptable  Oldsmar, FL 34677
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  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.
09/01/21
Signature of Registered Agent Date
If signing on behalf of an entity:
Dawn Thompson

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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

Typed or Printed Name