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(((H210002105013)))



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	9	To:	Division of Corporations Fax Number : (850)617-6380		
STANDUK NO DE	> S∓+Ent	From: er, the e annual Email A	report mailings. Enter only one email address please.**	TALLAHASSEE, FLORIE	2021 MAY 26 AH 7: 05

REGISTERED AGENT CHANGE SPEEDBIRD DELIVERY INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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Help

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

statement of char	ige is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Florida.		
1. The name of the	ne corporation: SPEEDBIRD DEL	IVERY INC		
		AW TRL , SUITE 222, ORLANDO, FL 32825		
3. The mailing ac	ldress (if different):			
4. Date of incorp	oration/qualification: 04/07/21	Document number: P21000034105		
	street address of the current regis ment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
ı	CAROLYN A BIRD			
- -	2662 MOCKINGBIRD VILL	AGE		
	DELAND, FL 32720			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Northwest Registered A	Agent LLC Agent LLC	2021 MAY	
	7901 4th St N STE 300		¥ 26	
•	P.O. Box NOT acceptable			
The street address as changed will be	oe identical.	street address of the business office of its registered agent; dopted by its board of directors or by an officer so een notified in writing of the change.	AH 7: 05	
CAROLU	n a BIRD	CAROLYN A BIRD - President		
I hereby accept to I further agree to performance of t	o comply with the provisions of a ny duties, and I am familiar with	Printed or typed name and title tent and agree to act in this capacity. tell statutes relative to the proper and complete tand accept the obligation of my position as registered to reflect a change in the registered office address, I tifted in writing of this change.		
lon	Glove	05/26/2021		
Sign	ature of Registered Agent	Date		
If signing on beh	alf of an entity:			
Tom Glover	ped or Printed Name			
ւչլ	ped of Finned Fallic			

CBLIA

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