

P21 000040102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

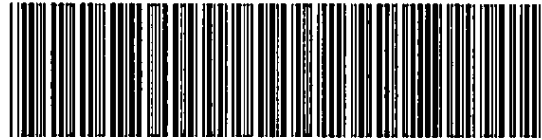
(Business Entity Name)

(Document Number)

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JUL 06 2021

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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2021 JUN -6 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL

N. B. Hall

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHMIGS HAULING INC.
Name of Corporation

DOCUMENT NUMBER: P21000040102

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:

NICHOLAS W. EVANS
Name of Contact Person

SHMIGS HAULING INC.
Firm/Company

1422 INDIANA AVE
Address

PALM HARBOR, FL 34683
City/State and Zip Code

SHMICKS23@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK EVANS at (813) 507-6942
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHMIGS HAULING INC
2. The principal office address: 1422 INDIANA AVE
PALM HARBOR, FL 34683
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/21/2021 Document number: P21000040102
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)

wrong name spelling → NICKOLAS W. EVENS
1422 INDIANA AVE
PALM HARBOR, FL 34683

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

Correct name spelling → NICHOLAS W. EVANS
1422 INDIANA AVE
PALM HARBOR, FL 34683

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TALLAHASSEE, FL

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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]
Signature of an officer or director

NICHOLAS W. EVANS
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]
Signature of Registered Agent

6/30/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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