

P21000040578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

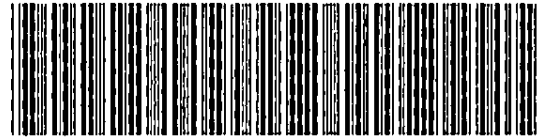
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MR WHITE
AUG 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P&R Francis Enterprises Inc.
Name of Corporation

DOCUMENT NUMBER: P21000040578

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:

Richard LoveJoy

Name of Contact Person

A New Leaf Company

Firm/Company

300 Center Dr Ste G305

Address

Superior, CO 80027

City/State and Zip Code

anlcotax@gmail.com

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

For further information concerning this matter, please call:

Richard LoveJoy

Name of Contact Person

at (877) 821-6118

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

CR2E045 (04/13)

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2021 AUG 16 PM 12:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2021

RICHARD LOVEJOY
300 CENTER DR STE G305
SUPERIOR, CO 80027

SUBJECT: P&R FRANCIS ENTERPRISES INC.
Ref. Number: P21000040578

We have received your document for P&R FRANCIS ENTERPRISES INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 421A00015574

**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: P&R Francis Enterprises Inc.
2. The principal office address: 13553 State Road 54 #227 Odessa, FL 33556
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 28, 2021 Document number: P21000040578
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)

Roshelle Francis

2908 Red Coat Circle

Brandon, FL 33511

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

Roshelle Francis

13553 State Road 54 #227

P.O. Box NOT acceptable

Odessa, FL 33556

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.

Philip Francis
Signature of an officer or director

Philip Francis
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

5/28/2021
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)