

P21000052925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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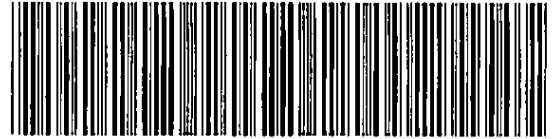
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miller Sewer and Drain FL Inc
Name of Corporation

DOCUMENT NUMBER: P21000052925

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 Miller

Name of Contact Person

Miller Sewer and Drain FL Inc

Firm/Company

4650 W 750 N

Address

Larwill, IN 46764

City/State and Zip Code

millersewerdrainfl@gmail.com

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

For further information concerning this matter, please call:

Nicholas Miller

Name of Contact Person

at (941)

720-9573

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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SECRETARY OF STATE
TALLAHASSEE, FL

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**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: Miller Sewer and Drain FL Inc
2. The principal office address: 14479 Maysville Circle, Port Charlotte, FL 33981
3. The mailing address (if different): 4650 W 750 N, Larwill, IN 46764
4. Date of incorporation/qualification: June 04, 2021 Document number: P21000052925
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)

Nicholas Miller

2160 Heron Lake Drive, Unit 306

PUNTA GORDA, FL 33983

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

Nicholas Miller

14479 Maysville Circle

P.O. Box NOT acceptable

Port Charlotte, FL 33981

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.



Nicholas Miller, CEO

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.*



10/02/2024

Signature of Registered Agent

Date

If signing on behalf of an entity:

Nicholas Miller, CEO

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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