

P21000062590

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 31 2021



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BS 247 Restoration Carpet Fire Water Mold Pros Inc  
Name of Corporation

**DOCUMENT NUMBER:** P21000062590

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:

Shaun Broyles

Name of Contact Person

BS 247 Restoration Carpet Fire Water Mold Pros Inc

Firm/Company

104 Yorktown Place

Address

Sanford FL 32771

City/State and Zip Code

bs247restoration@gmail.com

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

For further information concerning this matter, please call:

Shaun Broyles

Name of Contact Person

at (352) 459-2194

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BS 247 Restoration Carpet Fire Water Mold Pros Inc
2. The principal office address: 104 Yorktown Place  
Sanford FL 32771
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/7/21 Document number: P21000062590
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)

Tracy Zankofsky

104 Yorktown Place

Sanford FL 32771

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

Shaun Broyles

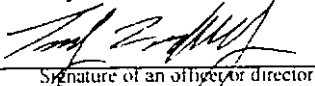
104 Yorktown Place

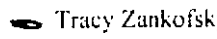
P.O. Box NOT acceptable

Sanford FL 32771

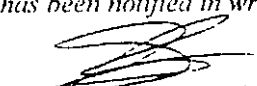
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

 Tracy Zankofsky  
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 of Registered Agent

8-3-2021  
Date

If signing on behalf of an entity: \_\_\_\_\_

Shaun Broyles

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 (04/15)