## P21000015295

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to MAY - 2 2024		

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: St. Pete Hauling, Inc.	
Name of Corporation	
DOCUMENT NUMBER: P21000075295	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joseph J. Kenrick	
Name of Contact Person	
St. Pete Hauling, Inc.	
Firm/Company	
1421 8th Street North	
Address	<del></del>
Saint Petersburg, FL 33704	
City/State and Zip Code	
joeykenrick2@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Joseph J. Kenrick	at ( 727 ) 422-7643  Area Code & Daytime Telephone Number
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	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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.	<del></del>
1. The name of the corporation: St. Pete Hauling, Inc.	
The name of the corporation:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/23/2021 Document number: P21000075295	
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)	
Mindy Tondreault, CPA	
2959 First Avenue North	
Saint Petersburg, FL 33713	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Joseph J. Kenrick	4/7
Joseph J. Kenrick	か。 つ
1421 8th Street North	, F.
A. C.	
Saint Petersburg, FL 33704	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gent,
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.	
Joseph J. Kenrick, President	
Signature of an officer of 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, i document is being filed merely to reflect a change in the registered office address. I hereby confirm that corporation has been notified in writing of this change.	ance f this t the
4/8/2024	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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