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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for fiture. annual report mailings. Enter only one email address please.

Email Address:

## REGISTERED AGENT CHANGE STEVEN W JOOS AGENCY, INC.



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JUL 29 2022

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1 6 3

statement of ch	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of <u>F</u>	Iorida	this	
1. The name of	the corporation: Steven W Joos Age	ncy, Inc.			
	l office address:		-		_
3. The mailing	address (if different):				
4. Date of inco	poration/qualification: 01/11/2022	Document number: P22000	004060	)	
	d street address of the current registered ag artment of State: (If resigned, enter resigned		th the		
	JOOS, STEVEN				
	2091 CRESTVIEW WAY		•		
	NAPLES, FL 34119				
6. The name ar (if changed):	d street address of the new registered agen	t (if changed) and /or registered off	SECRETA	2022 JUL 28	**
	Registered Agents Inc.		表彰	28	t 1
	7901 4th St N STE 300		9 9 9	AH	1
		NOT acceptable	STA	2 Ö	į
	St. Petersburg FL 33702		<u></u>	57	
The street addi	ress of its registered office and the street a l be identical.	address of the business office of its	s register	red age	nt,
Such change wanthorized by	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer s	υ	
9707 Signat	UCULTOCOL ure of an officer or director	Steven Joos, President			_
I further agree of my duties, a document is be	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the obli- sing filed merely to reflect a change in the as been notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and com gation of my position as registered registered office address, I hereb	plete pei l'agent. y confiri	rforma Or, if i n that i	nce this the
Psec Ham		07/28/2022			
Si	gnature of Registered Agent	Date			_
	chalf of an entity:				
Bill Havre					
	Typed or Printed Name				
	* * * FILING FE	E: \$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)