

P39521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Ad-Lit Inc d/b/a Vector & Ink
Name of Corporation

DOCUMENT NUMBER: P39521

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:

Melissa Leeland

Name of Contact Person

Ad-Lit Inc. d/b/a Vector & Ink

Firm/Company

211 Pioneer Drive

Address

Wisconsin Dells, WI 53965

City/State and Zip Code

melissa@vectorandink.com

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

For further information concerning this matter, please call:

Melissa Leeland

Name of Contact Person

at (608) 254-8770

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

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

COPY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2019

MELISSA LEELAND
AD-LIT INC.
211 PIONEER DRIVE
WISCONSIN DELLS, WI 53965

SUBJECT: AD-LIT INC.
Ref. Number: P39521

We have received your document for AD-LIT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00000046

1/11/19 1:11:13

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

1. The name of the corporation: Ad-Lit Inc. d/b/a Vector & Ink
2. The principal office address: 211 Pioneer Drive, Wisconsin Dells, WI 53965

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1966 Document number: P39521

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)

J. THOMAS BUSSEL

1945 Ortiz Ave, Fort Myers, FL 33905

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

DANIEL J. MARSICH

1945 Ortiz Ave, Fort Myers, FL 33905

P.O. Box NOT acceptable

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.

Melissa Leeland
Signature of an officer or director

Melissa Leeland, Corp. Secretary
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.

Daniel J. Marsich
Signature of Registered Agent

12-12-18
Date

If signing on behalf of an entity:

Daniel J. Marsich
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 (03/12)