

P930000 78785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

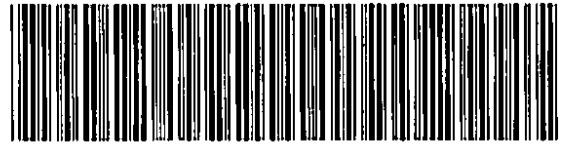
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327055911

04/05/19--01003--008 **35.00

FILED

19 APR -5 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXLER AND EXLER INC.

Name of Corporation

DOCUMENT NUMBER: P93000078785

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:

SAMUEL SELF

Name of Contact Person

Firm/Company

149 N. TAMIAMI TRAIL

Address

OSPREY, FLORIDA 34229

City/State and Zip Code

saveins8@gmail.com

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

For further information concerning this matter, please call:

SAMUEL SELF

Name of Contact Person

at (941)

Area Code & Daytime Telephone Number

920-3737
~~978-82~~

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

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

1. The name of the corporation: EXLER AND EXLER INC.
2. The principal office address: 4 WEST OAK STREET, SUITE A, ARCADIA, FLORIDA 34266
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/16/1993 Document number: P93000078785

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)

JERRY L. EXLER
116 STANHOPE STREET
PORT CHARLOTTE, FLORIDA 33954

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

SAMUEL SELF
149 N. TAMIAMI TRAIL
P.O. Box NOT acceptable
OSPREY, FLORIDA 34229

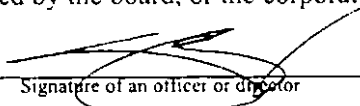
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 APR - 5 AM 9:13

FILED

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

Samuel Self
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

3/07/19
Date

If signing on behalf of an entity:

Samuel Self
Typed or Printed Name

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