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### COVER LETTER

	Registration Section Division of Corporations		
SUBJE	Mancil's Tractor Service, Inc.		
	Name of Limited Liability Cor	npany	
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Office Change and fee(s) are s	submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:		
	Myra Smith Name of Person Mancil's Tractor Service, Inc.		
Sh E-n		Way  Solve  Solv	SHOW STATE
_ F	Division of Corporations Division P.O. Box 6327 The Cen Tallahassee, FL 32314 2415 N.	address:  Ition Section It of Corporations It of Tallahassee Monroe Street, Suite 810 Itsee, FL 32303	
E	Inclosed is a check for the following amount:		
_	3 \$25 Filing Fee	e & Certified Copy	

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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 19, 2020

DON MANCIL JR MANCIL'S TRACTOR SERVICE, INC. 5701 SW SUNSHINE FARMS WAY PALM CITY, FL 34990

SUBJECT: MANCIL'S TRACTOR SERVICE, INC.

Ref. Number: P94000084863

We have received your document for MANCIL'S TRACTOR SERVICE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to complete the entire form you must list the new registered agent information in section 5 (B). You also need to complete the top portion of the form as well.

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: 220A00017909



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2020

DON MANCIL JR MANCIL'S TRACTOR SERVICE, INC. 5701 SW SUNSHINE FARMS WAY PALM CITY, FL 34990

SUBJECT: MANCIL'S TRACTOR SERVICE, INC.

Ref. Number: P94000084863

We have received your document for MANCIL'S TRACTOR SERVICE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am so sorry but I failed to notice that you had completed the wrong application. You are a corporation and not a limited liability company. Please sign the attached and return it with an additional \$10.00 for processing.

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: 020A00021402

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Status inge is submitted for a corporation organized under the laws of the State of <u>Floric</u> r to change its registered office or registered agent, or both, in the State of Floria	da	<del>_</del>
1. The name of t	he corporation: Mancil's Tractor Service, Inc.		
	office address: 5701 SW Sunshine Farms Way		
3. The mailing a	ddress (if different): Same		
4. Date of incorp	poration/qualification: 11/17/1994 Document number: P94000084863		
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	2	
	Don Mancil, Jr.		
	8530 SW Jayme Way	20	- <del> </del>
	Palm City, FL 34990	20 NOV :	- E
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	-5 PM 3: 10	STUDY DURY OF STATE
	5701 SW Sunshine Farms Way	ن	OH.
	P.O. Box NOT acceptable Palm City, FL 34990		
_	ess of its registered office and the street address of the business office of its registerical.		ent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officine board, or the corporation has been notified in writing of the change.	er so	
Melan	Myra Smith		
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete an familiar with and accept the obligation of my position as registered age in a filed merely to reflect a change in the registered office address. I hereby cost been notified in writing of this change.	e performe at. Or, if nfirm that	ince this the
Sig	nature of Registered Agent Date		_
If signing on be	half of an entity:		
	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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