

P96000027869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

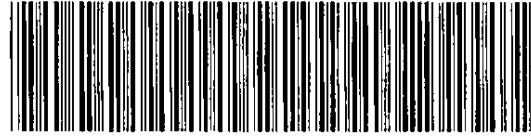
(Business Entity Name)

(Document Number)

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RECEIVED
DIVISION OF REVENUE
2017 JUN 14 AM 10:00

JUN 22 2017

10:10:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SonoTemps, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000027869

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:

David L. Felix

Name of Contact Person

SonoTemps, Inc.

Firm/Company

11141 Staveley Ct.

Address

Venice, FL. 34293

City/State and Zip Code

info@sonotemps.com

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

For further information concerning this matter, please call:

Gilbert Daniels

Name of Contact Person

at (800) 990-6224
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

RECEIVED
DIVISION OF CORPORATIONS
JUN 14 AM 10:00

**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.

1. The name of the corporation: SonoTemps, Inc.
2. The principal office address: 11141 Staveley Ct
Venice, FL. 34293
3. The mailing address (if different): P.O. Box 356
Palm Harbor, FL. 34682
4. Date of incorporation/qualification: 3/22/1996 Document number: P96000027869
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)
David L. Felix
1988 MacGregor Rd
Tarpon Springs, FL. 34689

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

David L. Felix

11141 Staveley Ct

P.O. Box NOT acceptable

Venice, FL 34293

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.

David L. Felix
Signature of an officer or director

David L. Felix President

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.

David L. Felix
Signature of Registered Agent

06/12/2017

Date

If signing on behalf of an entity:

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)

FILED
JUN 14 2017
DIVISION OF CORP
TALLAHASSEE, FL