

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

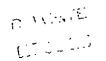
From:

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 future annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE CAMPBELL MOVING & STORAGE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida.			
1. The name of	the corporation: Campbell Moving a	nd Storage, Inc.			
	office address: 34 INDUSTRIAL ST				
FT WALTON	I BEACH, FL 32548				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 12/20/1996	Document number: P96000102626			
	d street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file with the signed)			
	Jonathan S Minor				
	34 INDUSTRIAL ST				
	FT WALTON BEACH, FL 32548	··-			
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office			
	Registered Agents Inc.	:			
	7901 4th St N STE 300				
	P.O. Box NOT acceptable				
	St. Petersburg FL 33702				
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,			
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.			
Jonathan	S Minor	Jonathan S Minor			
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agei to comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and title at and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered by reflect a change in the registered office address, I fied in writing of this change.			
Bel Han	~	10/21/2020			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Bill Havre					
Т	yped or Printed Name				

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