

P97000018938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

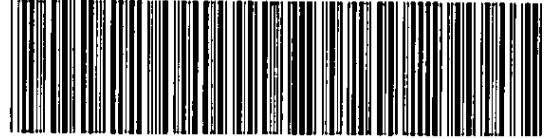
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 APR 17 PM 1:27

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C. GOLDEN

APR 18 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRE INC Roto Rooter
Name of Corporation

DOCUMENT NUMBER: P 97000018938

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:

MICHAEL ELKINS
Name of Contact Person

PRE INC Roto Rooter
Firm/Company

524 NORTH SEGRAVE ST.
Address

DAYTONA BEACH FL. 32114
City/State and Zip Code

MikeElkins22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ELKINS at (386) 252-4303
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

MICHAEL ELKINS
524 NORTH SEGRAVE STREET
DAYTONA BEACH, FL 32114

SUBJECT: PRE INC ROTO ROOTER
Ref. Number: P97000018938

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

If you are changing the registered agent, please complete number 6.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 619A00006929

RECEIVED
2019 APR 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL

**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: PRE INC Roto Rooter
2. The principal office address: 524 NORTH SEGRAVE ST
DAYTONA BEACH FL 32114
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-24-1997 Document number: P97000018938

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)

ELKINS, PAUL
524 NORTH SEGRAVE ST
DAYTONA BEACH FL 32114

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

ELKINS, Michael Jeffrey
524 North Segrave ST
Daytona Beach, FL 32114

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2019 APR 17 PM 1:27
TALLAHASSEE, FL

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.

Paul Elkner
Signature of an officer or director

PAUL ELKINS / PRES. / SENT
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.

M. J. Elkner
Signature of Registered Agent

3-27-19
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