

P99000013236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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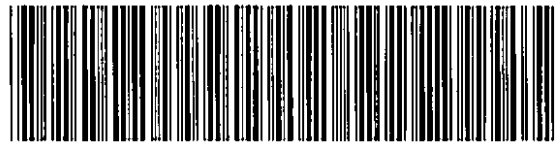
(Business Entity Name)

(Document Number)

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2018 AUG 31 PM 4:53

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COVER LETTER

2018 AUG 31 PM 4:58

TO: Amendment Section
Division of Corporations

SUBJECT: Katty H Handsty CPA PA
Name of Corporation

DOCUMENT NUMBER: 999 0006 13236

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:

Katty Handsty
Name of Contact Person

Katty H Handsty CPA PA
Firm/Company

Now → 4740 S ATLANTIC Ave #1
Address

Ponce Inlet FL 32127
City/State and Zip Code

mhandsty2@CFR.RR.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katty Handsty at 386 804 7935
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

add - 795 Teakwood Dr
DeLand FL 32724

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

1. The name of the corporation: Kathy M Hardisty CPA PA
2. The principal office address: 4740 S Atlantic Ave #1
Ponce Inlet, FL 32127
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____

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)

Kathy Hardisty
795 Torchwood Drive
Deltona, FL 32724

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

Kathy Hardisty
4740 S Atlantic Ave #1
Ponce Inlet FL 32127

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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.

Kathy M Hardisty
Signature of an officer or director

Kathy Hardisty Pres
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.

Kathy Hardisty
Signature of Registered Agent

8/28/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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