Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

 \Box

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

*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 BAYMEADOWS MOVING AND STORAGE INC

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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 orga	502, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
			G AND STORAGE INC	
2. The principal	office address:			
3. The mailing a	address (if different): _			
4. Date of incor	poration/qualification:	04/27/99	Document number: P9900040240	
	d street address of the street of State: (If resi		agent and registered office on file with the ned)	
	Devry E Dewan			
	7006 Atlantic Blvd.			
	JACKSONVILLE, FL 3	2211		
6. The name and (if changed):	i street address of the	new registered ago	ent (if changed) and /or registered office	
	Northwest Registered	Agent LLC		
	7901 4th St N STE 300			
		P.O. Be	ox NOT acceptable	
	St. Petersburg FL 3376	02		
The street addre as changed will	ess of its registered of be identical.	fice and the street	t address of the business office of its registered a	igent,
Such change wa authorized by th	ns authorized by resolute board, or the corpo	ution duly adopte ration has been no	ed by its board of directors or by an officer so officed in writing of the change.	
Nat	- Smit		Nat Smith, Incorporator	
Signato	re of an officer or director		Printed or typed name and title	
l further agree i of my duties, an document is bei	the appointment as re to comply with the pre d I am familiar with a ng filed merely to ref been notified in writ I	ovisions of all stat and accept the obl lect a change in th	nd agree to act in this capacity. tutes relative to the proper and complete perforn ligation of my position as registered agent. Or, he registered office address, I hereby confirm the e.	nance if this at the
/ye /V	/ p		12/22/2023	
Sig	nature of Registered Agent		Date	
lf signing on be	half of an entity:			
Taylor Newman				
Ŧ	yped or Printed Name			