## P99000053933

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	<b></b> -
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7
	╛

Office Use Only



400375037334

10/15/21--01010--011 \*\*35.00



O SIMMONE OCT 29 2021

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations			
TRADER COM INC			
SUBJECT: TRADER.COM, INC. Name of Corporation	<del></del>		
Name of Corporation			
DOCUMENT NUMBER: P99000053933			
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Debra Kewley			
Name of Contact Person			
Trader.com, Inc.			
Firm/Company			
280 E Falconry Ct			
Address	<del></del>		
Hernando, FL 34442			
City/State and Zip Code			
marcogator@gmail.com			
E-mail address: (to be used for future annual rep	oort notification)		
•	•		
For further information concerning this matter, pleas	e call:		
Debra Kewley	21 (239 ) 298-0458		
Name of Contact Person	at (239 ) 298-0458 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Dep	artment of State.		
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

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

Pursuant to the provisions of se statement of change is submitted in order to change its t	d for a corporation org		State of Florida	
1. The name of the corporation:	TRADER.COM, INC. 280 E Falconry Ct, Hernando, FL 34442			
2. The principal office address:				
3. The mailing address (if differ	ent):			
4. Date of incorporation/qualific	cation:06/14/1999	Document number:	P15000053874	
5. The name and street address of Florida Department of State:		d agent and registered office		
Debra Kewley			· ***	
130 Peach Cour	t		. 5	
Marco Island, F	L 34145			
6. The name and street address ( (if changed):  Debra Kewley	of the new registered at	gent (if changed) and /or regi	istered office 50	
280 E Falconry				
200 12 1 4100143		Box NOT acceptable		
Hernando, FL 3	34442			
The street address of its register as changed will be identical.				
Such change was authorized by authorized by the board, or the	resolution duly adopt corporation has been to 2)	ted by its board of directors notified in writing of the ch	or by an officer so ange.	
Suprature of an object or dire	uley	Debra Kewley, President		
I hereby accept the appointmen I further agree to comply with to of my duties, and I am familiar document is being filed merely corporation has been notified in	t as registered agent of the provisions of all stowith and accept the of to reflect a change in writing of this chang	and agree to act in this capa atutes relative to the proper bligation of my position as r		
De las X	en On -	9-13-21		
Signature of Registered /	· //	Date	<del> </del>	
Typed or Printed Name	<del> </del>			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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