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PICK-UP WAIT MAIL
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4 1415/2022



**TO:** Amendment Section Division of Corporations

SUBJECT: United Garage Door Services, Inc.	
Name of Corporation	
DOCUMENT NUMBER: P99000096531	<del></del>
The enclosed Statement of Change of Registered Office	re/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Ingrid M. Johns	
Name of Contact Person	
United Garage Door Services, Inc.	
Firm/Company	
1111 N. Gulfstream Ave Unit 11E	
Address	<del></del>
Sarasota, FL 34236	
City/State and Zip Code	
ugarage@aol.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please	call:
Ingrid M. Johns	at (941 )650-2939 Area Code & Daytime Telephone Number
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



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

		ation organized under the laws of the State of Floric ce or registered agent, or both, in the State of Floric		
I. The name of	the corporation: United Garag	e Door Services, Inc.		
	il office address: 1111 N. Gulfsi			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 11/01/	Document number: P9900009653	!	
5. The name ar		registered agent and registered office on file with th		
	Ingrid M. Johns		202	
	326 Ranch Mountain Drive		022 APR 25	<b>L</b>
	Dahlonega, GA 30533		25	
6. The name ar (if changed)		gistered agent (if changed) and /or registered offlice	PH 3: 00	%≓4
	Ingrid M. Johns			
	1111 N. Gulfstream Ave Unit			
	Sarasota, FL 34236	P.O. Box NOT acceptable		
		d the street address of the business office of its reg luly adopted by its board of directors or by an office has been notified in writing of the change.		agen
	m//	Ingrid M. Johns, STD		
7	ure of an officer or director	Printed or typed name and title		
of my duties, a document is ba	of the appointment as register to comply with the provision and am familiar with and accoing filed merely to reflect a cas been notified in writing of the control of the c	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complet cept the obligation of my position as registered ago hange in the registered office address, I hereby co his change.	e perfor ent. Or infirm th	man if th iat th
	Mily	04/19/2022		
5/	gnature of Registered Agent	Date	_	
If signing on b	chalf of an entity:			
United mGarag	e Door Services, Inc.			
	Typed or Printed Name	<del></del>		

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