

P99060 107322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

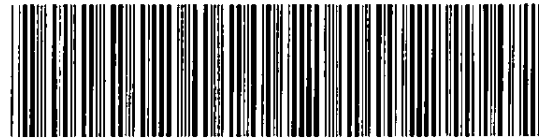
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400436097304

09/12/24--01024--008 **95.00

ES/12/24/

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Discovery Byrider Inc
Name of Corporation

DOCUMENT NUMBER: P99000107322

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:

James T. Kasiliery
Name of Contact Person

Discovery - 1 - Inc
Firm/Company

1285 Cassat Ave
Address

Jacksonville FL 32205
City/State and Zip Code

jzk@drive100.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Kasiliery at (904) 874-1540
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

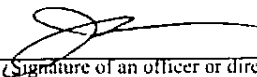
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Discovery Byrider Inc.
2. The principal office address: 1285 Cassat Ave
Jacksonville FL 32205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/7/99 Document number: 999000107322
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)
James Z Kagiliery
3132 St Johns Bluff Rd
Jacksonville FL 32246
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James Z Kagiliery
1285 Cassat Ave
P.O. Box NOT acceptable
Jacksonville FL 32205


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.


Signature of an officer or director

James Z Kagiliery, VP
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.


Signature of Registered Agent

8/27/21
Date

If signing on behalf of an entity:

Discovery Byrider Inc
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
CR2E045 (04/13)