

518942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

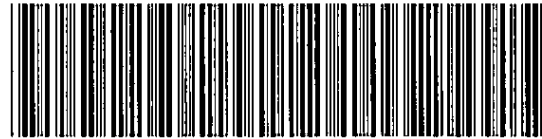
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REPUBLIC NATIONAL, INC.
Name of Corporation

DOCUMENT NUMBER: S18942

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:

Amanda Gordon

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

professional@harborcompliance.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Gordon

Name of Contact Person

at (717) 431-9163

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

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: REPUBLIC NATIONAL, INC.
2. The principal office address: 480 NEEDLES TRAIL LONGWOOD, FL 32779
3. The mailing address (if different): 480 NEEDLES TRAIL LONGWOOD, FL 32779
4. Date of incorporation/qualification: 11/15/1990 Document number: S18942

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)

SOLITRO, MICHAEL W.

870 BRANTLEY DRIVE

LONGWOOD, FL 32779

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

Michael Solitro

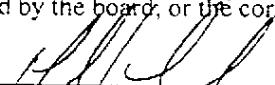
480 Needles Trail

P.O. Box NOT acceptable

Longwood, FL 32779

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

Michael Solitro P
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

6/11/19
Date

If signing on behalf of an entity:

Bill Havre

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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FL

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