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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: STURM SCARCH AND RESCUE Name of Corporation	
DOCUMENT NUMBER: NEW	
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:	
Robert J Loree Name of Contact Person	•
STORM SEARCH GND RESCUE NON Profi	+ (
14260 Newberry Rd. #359	
NEWBerry FLA 32669 Chy/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Le Ree at 610, 769-8560 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 Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

** 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: STORIN SEPECH and RESCUE NON Pro
2. The principal office address: 14260 NEW BERRY Ref. #359
New Berry, FLA 32669 3. The mailing address (if different):
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{7-10-18}{}$ Document number: $\frac{New}{}$
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)
WENDELL WEIGHT
1946 Sw. 226th ST
FLUSHING FLA 48433 FI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WENDEH WRIGHT
1946 S.W. ZZLH ST. ST.
1946 S.W. ZZLH ST. 57 PO. Box NOT acceptable 57: 5
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 Robert J. Lelie III 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 Date
If signing on behalf of an entity:
Robert J. Lokeette 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 CR2E(45 (03/12)