

288802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

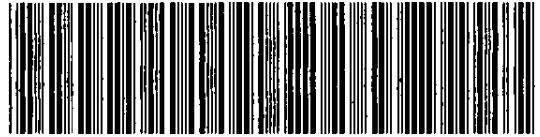
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

FEB -9 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINDRICK SERVICE CORPORATION
Name of Corporation

DOCUMENT NUMBER: 288802

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:

KATHY HINES
Name of Contact Person

LINDRICK SERVICE CORP.
Firm/Company

4516 SEAGULL DR. #207
Address

NEW PORT RICHEY FL 34652
City/State and Zip Code

LINDRICKWATER@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY HINES at (727) 848-1165
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2010

KATHY HINES
LINDRICK SERVICE CORPORATION
4516 SEAGULL DR #207
NEW PORT RICHEY, FL 34652

SUBJECT: LINDRICK SERVICE CORPORATION
Ref. Number: 288802

We have received your document for LINDRICK SERVICE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 610A00002676

**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: LINDRICK SERVICE CORPORATION
2. The principal office address: 5245 US HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-15-65 Document number: 288802
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)

BORDA, JOSEPH

5245 US HIGHWAY 19 NORTH

NEW PORT RICHEY, FL 34652

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

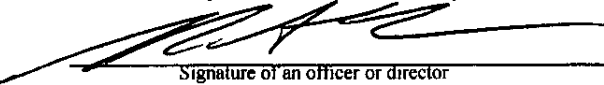
4516 SEAGULL DRIVE #207

P.O. Box NOT acceptable

NEW PORT RICHEY, FL 34652

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

MARGARET E. MOUNTAIN
Printed or typed name and title
TREASURER

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

2/5/10
Date

If signing on behalf of an entity:

Joseph R. Borda
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 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB -8 AM 11:01

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