P00000047697

(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:





900062155389

12/16/05--01014--001 **35.00



My sing

COVER LETTER

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

statement of char	ige is submitted for	ns 607.0502, 617.0 a corporation org tered office or regi	anized under	the laws of the	e State of	FLori		,
1. The name of th	ne corporation:	Hutchin	Cons	itructio	n Care	20150	1210	24
2. The principal of 342	office address:	1610 He	nan Ro	ad,	North 1		F	<u>L</u>
3. The mailing ac	ldress (if different)		same.	qs .	above)			
4. Date of incorp	oration/qualification	n: 5/10/2	Docu	ment number	P 000	000	476	97
5. The name and Florida Depart		e current registered	l agent and reg	gistered office	on file with th	ne		
	Russe 2099	U. B. Hute W. E. 4TA G Jon , FL				ALLAHASSEE, F	OS DEC 16 PM	
6. The name and (if changed):	Russ	e new registered ag	Hutchin	,	ristered office	STATE LORIO.	2: 03	O
The street eddres		Port, F			office of its m	متعدمهمط		
-		office and the stre	ted by its boa notified in wi	rd of director iting of the c		icer so		ı
I hereby accept to a further agree to of my duties, and accument is bein corporation has	he appointment as comply with the last am familiar wit g filed merely to refee notified in w	registered agent or ovisions of all standaccept the of effect a change in riting of this change.	and agree to c atutes relativ bligation of n the registered ge.	act in this ca e to the prop ny position a d office addre	pacity. er and comple s registered as ess, I hereby c	ete perfo gent. Oi onfirm t	rmana r, if th hat th	e is e
If signing on beh				z-/4-0 s	late)	<u></u>		
Russell B	ped or Printed Name)	Jr.					÷	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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