

P05000015208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

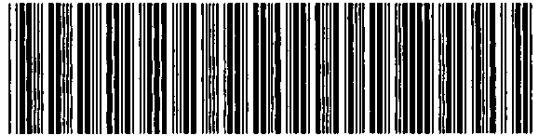
(Business Entity Name)

(Document Number)

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08 AUG 13 AM 9:00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R0/chg
@ 8/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Legacy CONTRACTING Solutions
(Name of Corporation)

DOCUMENT NUMBER: P05000015208

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:

Patrick Hogan JR.
(Name of Contact Person)

Legacy CONTRACTING Solutions
(Firm/Company)

1309 S. Killian DR Suite A
(Address)

Lake Park, FL 33403
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Hogan JR at (561) 844-4910
(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

August 5, 2008

PATRICK HOGAN, JR.
LEGACY CONTRACTING SOLUTIONS, INC.
1309 S. KILLIAN DR. - UNIT C
LAKE PARK, FL 33403

SUBJECT: LEGACY CONTRACTING SOLUTIONS, INC
Ref. Number: P05000015208

We have received your document for LEGACY CONTRACTING SOLUTIONS, INC 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 808A00044676

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 AUG 13 AM 8:00

RECEIVED

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Legacy Contracting Solutions, Inc
2. The principal office address: 1309 S. Killian Dr Suite A
Lake Park, FL 33403
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/28/05 Document number: P05000015208

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Patrick James Hogan Jr.
8680 Sol Terrace
Lake Park, FL 33403

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

Patrick James Hogan Jr.
1309 S. Killian Dr. Suite A
(P.O. Box NOT acceptable)
Lake Park, FL 33403

FILED STATE
SECRETARY OF CORPORATIONS
08 AUG 13 AM 9:00

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]
(Signature of an officer or director)

Patrick J. Hogan Jr. - Director
(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]
(Signature of Registered Agent)

7-27-08
(Date)

If signing on behalf of an entity:

(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