31806

(Re	equestor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	ı	

Office Use Only



700281626867

04/14/16--01022--005 **35.00

16 APR 14 AM II: 13
SECNCTARY OF STATE
FALLAHASSEC FLORIDA

APR 15 2016
R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: Anderson Ladustries, Cac. Name of Corporation
DOCUMENT NUMBER: 364806
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:
Linda G. Anderson Name of Contact Person
Andelson Jadustries, Jac
12116 CR 252 Address
MCALPIN Fl 32062 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (386) 362-4322 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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: Andelson, Lodge TRIES, Loc
2. The principal office address: 1211 b CR 252 McA(DIN, F(32062
3. The mailing address (if different):
4. Date of incorporation/qualification: 1970 Document number: 364806
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)
Clyde C. Anderson
12116 CR 252
McAlpin, F(32062
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Linda C., Anderson
12116 CR 252 P.O. Box NOT acceptable MCA(PIO F (32062)
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.
Linds & Chileren (Inda G. Frinted 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.
Lindu & Audusa 4/11/3016 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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