## 437169

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u> </u>		
(Cit	y/State/Zip/Phone	#)		
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(Bu	siness Entity Nam	e)		
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Certified Copies	_ Certificates	of Status		
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SECNETARY OF STATE
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AND ANSSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Ferber & Sons, Inc.					
Name of Corporation					
DOCUMENT NUMBER: 437169					
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:					
Christopher D. Smith					
Name of Contact Person					
Christopher D. Smith P.A.					
Firm/Company					
5391 Lakewood Ranch Blvd N. Ste. 203					
Address					
Sarasota, FL 34240-8617					
City/State and Zip Code					
smith@chrissmith.com /					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Katherine Aron Name of Contact Person  Name of Contact Person  at (941 ) 202-2222  Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:  Street Address:  Amondo the 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 secti statement of change is submitted for in order to change its reg		nder the laws of the State	of Florida	
1. The name of the corporation:	erber & Sons, Inc.	and Daniel El O	1010	
2. The principal office address:	5429 Mulholland Ro	ad, Parrish, FL 32	1219	
3. The mailing address (if differen	t):			
4. Date of incorporation/qualificat	ion: 09/13/1973	Document number: 437	169	
5. The name and street address of Florida Department of State: (If		nd registered office on file	e with the	
New Day La	w Group, P.A.		<del>*</del>	
234 N. Rhoo	234 N. Rhodes Ave., Suite 107			
Sarasota, Fl	_ 34237		FIL CT 27	
6. The name and street address of (if changed):	the new registered agent (if c	hanged) and /or registered	T office STA	
Christopher	D. Smith P.A.			
5391 Lakew	ood Ranch Blvd. N.,			
Sarasota, Fl	P.O. Box NOT acceptate 34240-8617	ole		
The street address of its registered as changed will be identical.	d office and the street addres	s of the business office o	of its registered agent,	
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its rporation has been notified i	board of directors or by in writing of the change.	an officer so	
Jan T. Fal		n I. Ferber, Presid		
I hereby accept the appointment a I further agree to comply with the performance of my duties, and I at agent. Or, if this document is bein hereby confirm that the corporation	e registered agent and agree	Printed or typed name an to act in this capacity. tive to the proper and con e obligation of my position inge in the registered offic of this change.		
Signature of Registered Ager	Octo	ber 24, 2016		
If signing on behalf of an entity:		Date		
Christopher D. Smith Typed or Printed Name	<del></del>			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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