

11/28/22, 1:27 PM

Division of Corporations

467124
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
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**REGISTERED AGENT CHANGE
 MID-STATE MACHINE AND FABRICATING CORPORATION**

Certificate of Status	0
Certified Copy	1
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A. BUTLER
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 NOV 30 2022

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: MID-STATE MACHINE AND FABRICATING CORPORATION
2. The principal office address: 2730 MINE & MILL ROAD LAKE LAND, FL 33801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/1975 Document number: 467124
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)

CORPORATE CREATIONS NETWORK INC.

801 US HIGHWAY 1, NORTH PALM BEACH, FL 33408

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Thomas M. Hodge

Signature of an officer or director

Thomas M. Hodge - Vice President

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.

C T Corporation System

By:

9/22/2022

Signature of Registered Agent

Date

If signing on behalf of an entity:

Rachel O'Connor

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

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DEPT OF STATE
TALLAHASSEE