

576779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

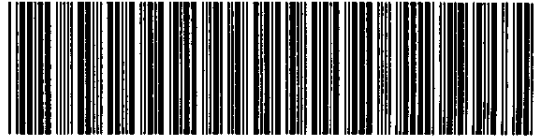
(Business Entity Name)

(Document Number)

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FEB 03 2017

R. White

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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: Allied Scrap Processors, Inc.
2. The principal office address: 3330 E. Main Street  
Lakeland, Florida 33801
3. The mailing address (if different): Post Office Box 1585  
Lakeland, Florida 33802
4. Date of incorporation/qualification: 07/01/1978 Document number: 576779
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)

resigned

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

Philip O. Allen

225 E. Lemon Street, Suite 300

P.O. Box NOT acceptable

Lakeland, Florida 33801

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.

Rose M. Mock  
Signature of an officer or director

Rose M. Mock, 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.

Philip O. Allen  
Signature of Registered Agent

January 30, 2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

WEST POLK COUNTY  
225 East Lemon Street • Suite 300  
Lakeland, Florida 33801  
(863) 683-6511 or (863) 676-6934  
Fax (863) 682-8031

P.O. Box 24628  
Lakeland, FL 33802-4628



PETERSON & MYERS, P.A.  
ATTORNEYS AT LAW • SINCE 1948

EAST POLK COUNTY  
242 West Central Avenue  
Winter Haven, Florida 33880  
(863) 294-3360  
Fax (863) 299-5498

P.O. Drawer 7608  
Winter Haven, FL 33883-7608

January 30, 2017

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Allied Scrap Processors Inc.  
Our File Number: ALSPIL-1

Dear Sir or Lady:

Regarding the above matter, enclosed for filing is an original executed Statement of Change of Registered Office of Registered Agent or Both for Corporations, and our firm check in the amount of \$35.00 payable to the Florida Department of State representing the required filing fee.

Thank you for your assistance. Please call if you have questions.

Yours truly,

Philip O. Allen

POA:yrh

Enclosures (as stated)

pc: Ms. Rose Mock  
Mr. Frank Giglia, Jr.  
Mr. Jeffrey R. Walker, CPA (via Electronic Mail)  
David A. Miller, Esquire (via Electronic Mail)  
Catherine A. Simon (via Electronic Mail)

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