

F000000000 6219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

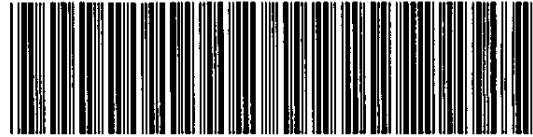
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Municipal Services Company, Inc.
Name of Corporation

DOCUMENT NUMBER: F00000006219

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:

Sherry M. Grace

Name of Contact Person

Municipal Services Company, Inc.

Firm/Company

210 S. Poinsettia Terrace

Address

Crystal River, FL 34429

City/State and Zip Code

lgrace5@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry M. Grace

Name of Contact Person

at (352) 409-2690

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Ck # 1665

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

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

1. The name of the corporation: Municipal Services Company, Inc.
2. The principal office address: 889 CR 482D Lake Panasoffkee, FL 33538
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1987/2000 Document number: F00000006219
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)

Sherry M. Grace

889 CR 482D

Lake Panasoffkee, FL 33538

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

Sherry M. Grace

210 S. Poinsettia Terrace

P.O. Box NOT acceptable

Crystal River, FL 34429

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.

Sherry M. Grace
Signature of an officer or director

Sherry M. Grace - 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.

Sherry M. Grace
Signature of Registered Agent

6-11-2014

Date

If signing on behalf of an entity:

Municipal Services Company, Inc.

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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