

# FO1000001295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

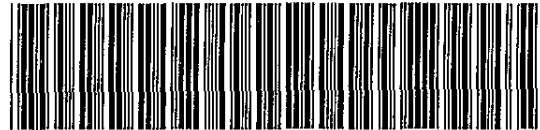
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/21/03--01110--003 \*\*35.00

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03 OCT 21 PM 1:56

CLERK OF STATE  
TAMPA, FLORIDA

FO1000001295  
38 RPL  
10-21-03

*Bay State Corporate Services, Inc.*  
*Six Beacon Street, Ste. 425*  
*Boston, MA 02108*  
*(617) 742-8484 Fax: (617) 742-8482*

October 17, 2003

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s):

Vanguard Contractors, Inc.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Jessica Lappin

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vanguard Contractors, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** F01000001295

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:

Suzanne Cryan

(Name of person)

Bay State Corporate Services, Inc.

(Name of firm/company)

6 Beacon Street, Suite 425

(Address)

Boston, MA 02108

(City/state and zip code)

For further information concerning this matter, please call:

Suzanne Cryan

(Name of person)

at ( 617 ) 742-8484

(Area code & daytime telephone number)

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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

1. The name of the corporation: Vanguard Contractors, Inc.

2. The principal office address: 616 Northview, Paducah, KY 42001

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/5/2001 Document number: F01000001295

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

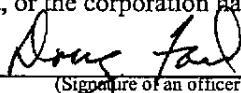
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

  
(Signature of an officer or director)

Doug Ford, Treasurer  
(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.*

NRAI Services, Inc.  
by:   
(Signature of Registered Agent)

10-10-03  
(Date)

If signing on behalf of an entity:

Suzanne Cryan  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

03 OCT 21 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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