

FD60000007835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200201416422

04/14/11--01008--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN - 9 PM 1:45

R0/ch8
@ 4/9/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MECO, INC.
Name of Corporation

DOCUMENT NUMBER: F06000007835

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:

Sara Beck
Name of Contact Person

MECO, INC.
Firm/Company

PO BOX 9387
Address

MONTGOMERY AL 36108
City/State and Zip Code

sara.beck@mecongm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Beck at (334) 2635502
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2011

SARA BECK
MECO, INC.
P.O. BOX 9387
MONTGOMERY, FL 36108

SUBJECT: MECO, INC.
Ref. Number: F06000007835

We have received your document for MECO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00009140

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

1. The name of the corporation: MECO, Inc.
2. The principal office address: 2808 DAY STREET, MONTGOMERY AL 36108
3. The mailing address (if different): PO BOX 9387, MONTGOMERY AL 36108
4. Date of incorporation/qualification: 3/2/11 Document number: F06000007835
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)

Laird Hitchcock

3203 Minnesota Ave

Panama City FL 32405

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

Address change only

2603 Bayleaf Ct.

P.O. Box NOT acceptable

Panama City, FL 32405

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.

John C. Beck President
Signature of an officer or director 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.

W. Laird Hitchcock 4-12-11
Signature of Registered Agent Date

If signing on behalf of an entity:

W. Laird Hitchcock
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

CR2E045 (8/05)

FILED
DIVISION OF CORPORATIONS
11 JUN -9 PM 1:45