

FO7000002790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

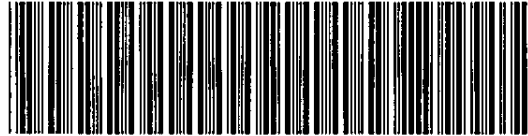
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JAN -8 PM 3:58

JAN 09 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tube Enterprises Inc
Name of Corporation

DOCUMENT NUMBER: F07000002790

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:

Bob Wright

Name of Contact Person

Tube Enterprises Inc

Firm/Company

8615 Lake Front Court

Address

Punta Gorda, FL 33950

City/State and Zip Code

ims4beds@comcast.net

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

For further information concerning this matter, please call:

Bob Wright

Name of Contact Person

at (941) 505-9267

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

December 11, 2014

BOB WRIGHT
TUBE ENTERPRISES INC
8615 LAKE FRONT COURT
PUNTA GORDA, FL 33950 US

SUBJECT: TUBE ENTERPRISES INCORPORATED
Ref. Number: F07000002790

We have received your document for TUBE ENTERPRISES INCORPORATED 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 designation of the registered agent must be at a Florida street address.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00026189

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

1. The name of the corporation: Tube Enterprises Incorporated
2. The principal office address: 420 S Railroad Ave
Kings Mountain, NC 28086
3. The mailing address (if different): P.O. Box 2206
Kings Mountain, NC
4. Date of incorporation/qualification: 08/04/2004 Document number: F07000002790
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)

BUSINESS FILINGS INCORPORATED

515 E. PARK AVENUE TALLAHASSEE, FL 32301

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

Robert A. Wright

8615 Lake Front Court

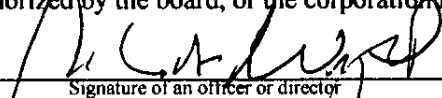
P.O. Box NOT acceptable

Punta Gorda, FL 33950

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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

Robert A. Wright

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.


Signature of Registered Agent

January 5, 2015

Date

If signing on behalf of an entity:

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 (03/12)