

F07000004962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Butler Supply Company  
Name of Corporation

**DOCUMENT NUMBER:** F070000004962

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:

Tonia Smith  
Name of Contact Person

Butler Supply Company  
Firm/Company

PO Box 14680  
Address

Macon GA 31203-4680  
City/State and Zip Code

tsmith@partscentral.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonia Smith at ( 478 ) 745-0878 Ext 144  
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

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

1. The name of the corporation: Butler Supply Company
2. The principal office address: 3243 Whitfield St  
Macon, GA 31204
3. The mailing address (if different): P.O. Box 14680  
Macon, GA 31203-4680
4. Date of incorporation/qualification: GA 1/1970 Document number: FM1000004962
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)

Roger Alexander  
5162 Saddlehorn Dr S  
Jacksonville, FL 32257

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

Jon Timothy Bell  
4117 100th Street  
P.O. Box NOT acceptable  
Wellborn, FL 32094

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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.

Pam Tanner  
Signature of an officer or director

Secretary Pam Tanner  
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]  
Signature of Registered Agent

2-24-11  
Date

If signing on behalf of an entity:

Jon Timothy Bell  
Typed or Printed Name

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