

F13000002350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2017 MAR 30 AM 8 01

V HERRING

APR - 4 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Valley Hand Services
Name of Corporation

DOCUMENT NUMBER: 0744640-4 F13000002350

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:

Eugene Shamber
Name of Contact Person

Valley Hand Services
Firm/Company

8007 SE Coconut St
Address

Hobe Sound FL 33455
City/State and Zip Code

gcesham@aol.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Shamber at (540) 255-8370
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 Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Valley Land Service, Inc
2. The principal office address: 8007 SE Coconut St
Hobe Sound FL 33455
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number FI3000002350
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)

Eugene Shamber
685 Leaport Rd
Verona VA 24402

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

Eugene Shamber
8007 SE Coconut St
P.O. Box NOT acceptable
Hobe Sound FL 33455

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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.

Eugene Shamber

Signature of an officer or director

Eugene Shamber

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.

Eugene Shamber

Signature of Registered Agent

3-27-17

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE