Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127

Fax Number

: (800)567-4397 : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: deborahp@delaneyinc.net

## REGISTERED AGENT CHANGE WEISENBURGH CO., INC.

Certificate of Status	0
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TO:

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## **COVER LETTER**

Amendment Section

Division of Corporations	
SUBJECT: WEISENBURGH CO., INC.	. <u></u>
Name of Corporation	
DOCUMENT NUMBER: P14000000250	
The enclosed Statement of Change of Registers	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Deborah Paul	
Name of Contact Person	
WEISENBURGH CO., INC.	
Firm/Company	
225 SPRINGHILL MEMORIAL PLACE	
Address	
MOBILE, AL 36608	
City/State and Zip Code	
DeborahP@Delaneyinc.net	
E-mail address: (to be used for future annua	d report notification)
For further information concerning this matter,	please call:
Kathy Clark	at (800 ) 567-4397  Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2B045 (04/13)

Tallahassee, FL 32314

(((H21000401791 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502		
statement of change is submitted for a corporation organis	• • • • • • • • • • • • • • • • • • • •	
in order to change its registered office or register		
1. The name of the corporation: WEISENBURGH CO., INC.	2.	
2. The principal office address: 225 SPRINGHILL MEMOR	JAL PLACE, MOBILE, AL 36608	
3. The mailing address (if different): P. O. BOX 16126, MC	BILE, AL 36616	
4. Date of incorporation/qualification: 01/13/2014	Document number: F1400000250	
5. The name and street address of the current registered agr Florida Department of State: (If resigned, enter resigned		
FROST, ROBERT S		
940 SANTA ROSA BOULEVARD	- Vi	
FT. WALTON BEACH, FL 32548	At on	2 <b>PR</b> 1 (
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	OCT 29
URS AGENTS, LLC		<u>&gt;~</u>
3458 Lakeshore Drive	LORI	AM II: 0
P.O. Box N	IOT acceptable	03
Tallahassee, FL 32312		
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered a	igent,
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notifi-	y its board of directors or by an officer so led in writing of the change.	
Labert I. Held	Robert S. Frost, Executive Vice-Presi	ident
Signature of an officer or director	Printed or typed danie and title	
I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the obliga document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.	igree to act in this capacity is relative to the proper and complete perform tion of my position as registered agent. Ur, t egistered office address, I hereby confirm tha	nance If this it the
Kathurlanek	10/28/2021	
Signatured Agent  If signing on behalf of an entity:	Delf.	
Kathy Clark, Assistant Secretary		
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 (04/13)