

79400005309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H120000611443ABCT

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RE-SUBMIT

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE
AERCO SANDBLASTING COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$35.00

FILED
12 MAR -7 AM 10:30
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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MAR 9 2012

C. MUSTAIN



March 8, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AERCO SANDBLASTING COMPANY
429 N. JACKSON ST.
LIMA, OH 45801

SUBJECT: AERCO SANDBLASTING COMPANY
REF: F94000005309

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the incorporation date in block #4.

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 Roberts
Regulatory Specialist II

FAX Aud. #: H12000061144
Letter Number: 812A00008830

RE-SUBMIT

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P.O BOX 6327 - Tallahassee, Florida 32314

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

1. The name of the corporation: Aerco Sandblasting Company
2. The principal office address: 429 N. Jackson St., Lima, OH 45801
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/12/1994 Document number: F94000005309

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)

Reffitt Charles B Jr

3319 Mangrove Dr

Spring Hill FL 34607

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

X Cynthia I. Wallace
Signature of an officer or director

X CYNTHIA I. WALLACE, PRESIDENT
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.

By: Renee Cruz
Signature of Registered Agent

3-7-12
Date

If signing on behalf of an entity:

Renee Cruz, Asst. 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 (8/05)

PL004 - 02/21/2009 C T System Online

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA