

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****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
SOUTHEAST RESTORATION INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED

16 DEC 13 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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S. TALLENT
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December 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AFTERDISASTER, INC.
P.O. BOX 10393
GREENSBORO, NC 27404

SUBJECT: AFTERDISASTER, INC.
REF: F98000001047

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.

THE CURRENT NAME OF THE ENTITY AS IT APPEARS ON OUR WEBSITE IS INCOMPLETE. PLEASE AMEND ACCORDINGLY.

THE DATE OF INCORPORATION/QUALIFICATION IS NOTED AS 02/24/1998. PLEASE CORRECT THIS DATE.

THE DOCUMENT NUMBER FOR THIS CORPORATION IS LISTED AS F98000001047. PLEASE AMEND YOUR DOCUMENT TO REFLECT THIS NUMBER.

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.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H16000298183
Letter Number: 016A00025991

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southeast Restoration, Inc. dba Afterdisaster, Inc.
Name of Corporation

DOCUMENT NUMBER: F98000001047

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:

Lee King

Name of Contact Person

Southeast Restoration, Inc., dba AFTERDISASTER

Firm/Company

P.O. Box 10393

Address

Greensboro, NC 27404

City/State and Zip Code

lee.king@afterdisaster.com

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

For further information concerning this matter, please call:

Dee Burton

336

294-4321

at ()

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

1. The name of the corporation: Southeast Restoration, Inc. dba Afterdisaster, Inc.
2. The principal office address: 2606 Phoenix Drive, Building 7, Greensboro, NC 27406
3. The mailing address (if different): P.O. Box 10393, Greensboro, NC 27404
4. Date of incorporation/qualification: 02/24/1998 Document number: F98000001047
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

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.

Lee King President
Signature of an officer or director. 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: Danny Verdecchia 12/1/16
Signature of Registered Agent Assistant Secretary Date

If signing on behalf of an entity:

Danny Verdecchia
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)

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TALLAHASSEE, FLORIDA