

F99000006028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

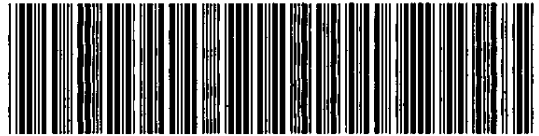
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163753586

12/18/09--01035--019 **35.00

LA to chg

FILED
09 DEC 18 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sturzenbecker Construction Co., Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Jim Sturzenbecker

Name of Contact Person

Sturzenbecker Construction Co., Inc.

Firm/Company

1113 44th Ave North, Ste 300

Address

Myrtle Beach, SC 29577

City/State and Zip Code

lgraves@sturcon.com

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

For further information concerning this matter, please call:

Lacey Graves

Name of Contact Person

at (843) 626-3500
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 SC in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sturzenbecker Construction Co., Inc.
2. The principal office address: 1113 44th Ave North, Ste 300
Myrtle Beach, SC 29577
3. The mailing address (if different): same
4. Date of incorporation/qualification: 3/22/1994 Document number: F99000006028

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)

Clarence Sturzenbecker

1910 Illinois Avenue

Englewood, FL 34224

FILED
09 DEC 19 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Susanne McCabe

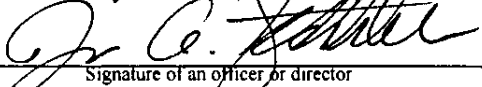
900 N. Swallowtail DR Ste 101

P.O. Box NOT acceptable

Port Orange, FL 32129

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.


Signature of an officer or director

Jim Sturzenbecker, 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.


Signature of Registered Agent

12-8-09
Date

If signing on behalf of an entity:

SUSANNE D. McCabe
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)