

10/16/90

(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



500314375495

06/11/18--01036--021 \*\*35.00

FILED

18 JUN 11 PM 12:51

STATE  
CLERK  
TOLSON

*R. White*  
R. WHITE

JUN 12 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **FRANK'S ROOFING & SPRAYING, INC**  
Name of Corporation

DOCUMENT NUMBER: **H01690**

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:

**CHARLES DAMPIER**

Name of Contact Person

**FRANK'S ROOFING & SPRAYING INC**

Firm/Company

**13828 PALM BEACH BLVD**

Address

**FT MYERS FL 33905**

City/State and Zip Code

**ACCOUNTING@FRANKSROOFINGINC.COM**

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

For further information concerning this matter, please call:

**AMIELEE DAMPIER** at ( **239** ) **693-7663**  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: FRANK'S ROOFING & SPRAYING INC
2. The principal office address: 13828 PALM BEACH BLVD FT MYERS FL 33905
3. The mailing address (if different): NA
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: H01690
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)

DAMPIER, CHARLES

5595 CR 78

FT DENAUD FL 33935

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

DAMPIER, CHARLES

13828 PALM BEACH BLVD

P.O. Box NOT acceptable

FT MYERS FL 33905

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.

Amielee Dampier  
Signature of an officer or director

Amielee Dampier  
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]  
Signature of Registered Agent

06-05-18

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

**FILED**  
**18 JUN 11 PM 12:51**  
STATE OF FLORIDA  
TALLAHASSEE