Page 1 of 2

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000059627 3)))



H160000596273ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.

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

9 2016

C LEWIS

TO:

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUВЛ	KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.	
SCD0.	Name of Corporation	
DOCU	H33161 MENT NUMBER:	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
	eturn all correspondence concerning this matter to the following:	
	Tammy Tofteroo	
	Name of Contact Person	
	C T Corporation	
	Firm/Company	
	3 Winners Circle, Suite 301	
	Address Albany, NY 12205	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	her information concerning this matter, please call:	
Tamm	Tofteroo 617 531-5818	
	Name of Contact Person at (617 S31-5818 Area Code & Daytime Telephone Number	
Enclos	d 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 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E045 (03/12)

06 - ASPIROOTS Mallore & house Certine

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.
2. The principal	office address: 5422 BAY CENTER DRIVE SUITE 200 TAMPA, FL 33609
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 12/07/1984 Document number: H33161
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CANNON, MICHAEL R 5
	CANNON, MICHAEL R 5422 BAY CENTER DRIVE SUITE 200
	TAMPA, FL 33609
6. The name and (if changed):	TAMPA, FL 33609 Street address of the new registered agent (if changed) and /or registered office
	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 changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
Tammy Tofter	
•	re of an officer or director Printed or typed name and title
I further agree i performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. C T Corporation System
By: Junbarry	Curwetz Kimberly Steinmetz 3/8/2016
	nature of Registered Agent Vice President Date & Assistant Secretary half of an entity:
Т	ped 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)