H59097

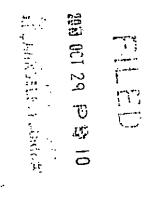
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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10/29/19--01021--027 **85.00



Mr. S. T. II.

COVER LETTER

Amendment Section Division of Corporations Dane Contracting, Inc. Name of Corporation H59097 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: Peter M. Sorensen Name of Contact Person Dane Contracting, Inc. Firm/Company 1260 Cedar Lane Address Indialantic, FL 32903 City/State and Zip Code danecontracting@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kendall Blair Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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

| statement of cha | provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re | rganized under the laws of the | State of Florida | |
|---|---|--|-------------------------------|--|
| 1. The name of t | he corporation: Dane Contract | ing, Inc. | | |
| 2. The principal | office address: 1260 Cedar La c, FL 32903 | ne | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/20/198 | Document number: | H59097 | |
| 5. The name and | street address of the current register tment of State: (If resigned, enter res | ed agent and registered office | | |
| | David W Dyer | | | |
| | 325 Fifth Ave., Suite 205 | | | |
| | Indialantic, FL 32903 | | | |
| 6. The name and (if changed): | street address of the new registered | agent (if changed) and /or regi | stered office | |
| | Kendall Blair | ; | e e | |
| | 2680 Kirby Circle NE | į | | |
| | Palm Bay, FL 32905 | NOT acceptable | 29 | |
| The street addre | ss of its registered office and the str be identical. | reet address of the business of | fice of its registered agent. | |
| Such change wa authorized by th | s authorized by resolution duly ado e board, or the corporation has beer | pted by its board of directors a notified in writing of the cha | or by an officer so | |
| Signatur | 2 Dune | Peter M. Sorense | | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm i | the appointment as registered agen o comply with the provisions of all my duties, and I am familiar with a s document is being filed merely to that the corporation has been notifi | t and goree to act in this cana | city | |
| Penaldi | 8 Chir | 10/23/19 | | |
| , | nature of Registered Agent | Date | | |
| If signing on bel | • | | | |
| Kendali Bla | ped or Printed Name | | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *