

H60720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

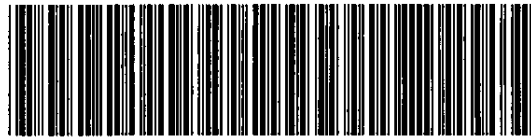
(Document Number)

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FILED
14 AUG -4 AM 10:36
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

Change
of
RA

08-11-14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2014

ROBERT C. BERINGER
CEEEO EQUIPMENT FLA., INC.
104 MAJESTIC LANE
FRANKLIN, TN 37064

SUBJECT: CEEEO EQUIPMENT FLA., INC.
Ref. Number: H60720

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 514A00015751

RECEIVED
14 AUG -4 AM 7:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CEECO EQUIPMENT FLA., INC.
Name of Corporation

DOCUMENT NUMBER: H60720

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:

ROBERT C. BERINGER

Name of Contact Person

CEECO EQUIPMENT FLA., INC.

Firm/Company

104 MAJESTIC LANE

Address

FRANKLIN, TN 37064

City/State and Zip Code

rberinger@me.com

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

For further information concerning this matter, please call:

ROBERT C. BERINGER at (863) 899-9344

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: CEECO EQUIPMENT FLA., INC.
2. The principal office address: 206 EASTON DRIVE, STE. 206
LAKELAND, FL 33803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07-01-85 Document number: H60720

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)

AL R. LOPEZ, JR., ESQ.

4100 W. KENNEDY BLVD., STE. 114

TAMPA, FL 33609

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

ROBERT C. BERINGER

206 EASTON DRIVE, STE. 206

P.O. Box NOT acceptable

LAKELAND, FL 33803

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

Robert C. Beringer, 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

07-31-14

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)