

J07599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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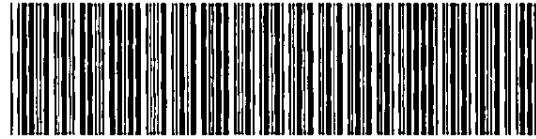
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 30 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Driscoll Construction, Inc.

Name of Corporation

DOCUMENT NUMBER: J07599

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:

Thomas Driscoll

Name of Contact Person

Driscoll Construction, Inc.

Firm/Company

6170 Mullin Street

Address

Jupiter, FL 33458

City/State and Zip Code

td4962@gmail.com

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

For further information concerning this matter, please call:

Thomas Driscoll

Name of Contact Person

at ( 561 ) 339-0425

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: Driscoll Construction, Inc.
2. The principal office address: 6170 Mullin Street, Jupiter, FL 33458
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/04/1986 Document number: J07599
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)

ANDERSON, TIMOTHY K ESQ

480 MAPLEWOOD DR., STE. 5

JUPITER, FL 33458

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

Thomas Driscoll

2151 S. Alternate A1A, Suite 400

P.O. Box NOT acceptable

Jupiter, FL 33477

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.

*TL*

Thomas Driscoll      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.*

Feb

03/15/19

Date \_\_\_\_\_

**If signing on behalf of an entity:**

THOMAS U. DRISCOLL

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE