J20481

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	9 #)
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SECRETARY OF STATE
ALLAHASSEE, FLORID

Rochange Thews 10-8-10

COVER LETTER

	ent Section of Corporations		
•	Southoast Structural	Engineers Inc	
SUBJECT:	Southeast Structural	orporation	**
	rumo or c	orporation	
DOCUMENT N	UMBER:	J20481	
The enclosed Stat	ement of Change of Registered Offic	e/Agent and fee are submit	ted for filing.
Please return all c	orrespondence concerning this matte	r to the following:	
	Roger A	A. Barth ntact Person	
	Name of Co	ntact Person	
	Southeast Structu	ral Engineers, Inc.	
	Firm/Co		
	PO Bo	ox 849	
	Add		
	Dunnellon, FL	. 34430-0849	
	City/State ar		
	rbarth@southeas	etetructural com	
	E-mail address: (to be used for f		ication)
	2		,
For further inform	nation concerning this matter, please of	call:	
	Roger A. Barth	at (407)	857 5559
Na	ame of Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.	.00 check made payable to the Depart	ement of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction
	Division of Corporations	Division of Co	
	P.O. Box 6327	Clifton Buildin	•
	Tallahassee, FL 32314	2661 Executive	-
		Tallahassee, FI	

TO:

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

1. The name of the corp	oration: South	neast Structu	ral Engineers, Inc	S
			Dunnellon, FL 344	
3. The mailing address (if different): PC	O Box 849, Dur	nnellon, FL 34430-0	349
4. Date of incorporation	/qualification: _	6/19/1986	Document number:	J20481
5. The name and street a Florida Department o			ent and registered office o	on file with the
Roge	r A. Barth			· · · · · ·
3700	Sedgewick F	PL		
Orlan	do, FL 3280	6		7,010
(if changed):	iddress of the ne	w registered agent	(if changed) and /or regis	SECRETARY OF
1216	9 Palmetto W	/ay P.O. Box NOT		3. 31 2. OALE 2. OALE
Dunn	ellon, FL 344		acceptable	¥
The street address of its	s registered official.	ce and the street a	ddress of the business of	ffice of its registered ag
			by its board of directors fied in writing of the ch	
Kog A Signature of an of	licer or director		Roger A. Ba	arth, President
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been n	ointment as reg ly with the prov (amiliar with an merely to refle otified in writin	ristered agent and hisions of all statu ad accept the oblig ct a change in the ag of this change.	agree to act in this cape tes relative to the proper ation of my position as registered office addres	acity. c and complete perform registered agent. Or, if s, I hereby confirm that
, , ,			*	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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