## K2912

(Requestor's Name)			
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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
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SECHETARY OF STATE
TAIL AHASSEE, FLORIDA

R.A. Change

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## **COVER LETTER**

TO: Amendment a Division of C		•
SUBJECT: Vacuum	1 Systems Specialists Inc	The magazine and the ma
	(Name of C	Corporation)
DOCUMENT NUM	BER: K29121	
The enclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matte	r to the following:
Da	awn A. Doyle	
<del></del>	(Name of Co	ntact Person)
Va	cuum Systems Specialists I	nc
	(Firm/Co	ompany)
P.O	. Box 1257	
	(Add	ress)
Sta	rke, FL 32091	
	(City/State a	nd Zip Code)
For further information	on concerning this matter, please	call:
Dawn A. Doyle		at (904 ) 964-6548
(Name	e of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Depar	tment 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

## 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: Vacuum Systems Specialists, Inc.
2. The principal office address: 402 E Brownlee St, Starke, FL 32091
3. The mailing address (if different): P.O. Box 1257, Starke, FL 32091
4. Date of incorporation/qualification: July 14, 1988 Document number: K29121
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
James L. Harper
Middleburg, FL 32068
Middleburg, FL 32068
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Vella A. Harper
3493 Baker Rd
(P.O. Box NOT acceptable)
Middleburg, FL 32068
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)  Dawn A Doyle, Treasurer (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.
Vella A James 2/3/2008 (Signature of Registered Agent) (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