

K 56392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

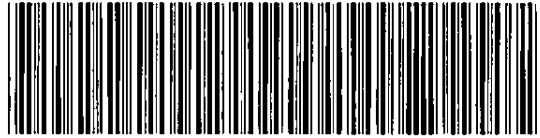
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: James E. Matula Electrical Contractors Inc.
Name of Corporation

DOCUMENT NUMBER: K56392

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 J. Johnson

Name of Contact Person

James E. Matula Electrical Contractors Inc.

Firm/Company

1010 Midway Road

Address

Ft. Pierce, FL 34982

City/State and Zip Code

huntrjj@aol.com

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

For further information concerning this matter, please call:

Robert J. Johnson

Name of Contact Person

at (772) 216-5098

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: James E. Matula Electrical Contractors Inc.
2. The principal office address: 1010 Midway Road
Ft. Pierce, FL 34982
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1989 Document number: K56392
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)

James E. Matula

1010 Midway Road

Ft. Pierce, FL 34982

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

Robert J. Johnson

8480 Immokolee Road

P.O. Box NOT acceptable

Ft. Pierce, FL 34951

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.

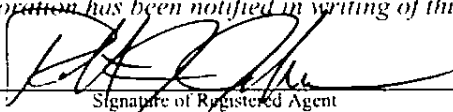


Signature of an officer or director

Stephen E. Matula, 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

03/01/24

Date

If signing on behalf of an entity:

Robert J. Johnson

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

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