

LS27168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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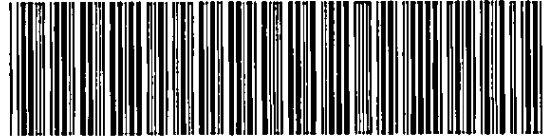
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE OR ADDITION OF OFFICER**
Name of Corporation

DOCUMENT NUMBER: **L 52768**

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:

PEGGY MYERS

Name of Contact Person

MYERS ROOFING CONSULTANTS INC

Firm/Company

3218 HART RD

Address

WAUCHULA FL 33873

City/State and Zip Code

peggymyers17@embarqmail.com

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

For further information concerning this matter, please call:

PEGGY MYERS

Name of Contact Person

at (**863**) **735-0356**

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: MYERS ROOFING CONSULTANTS INC
2. The principal office address: 3218 HART RD
WAUCHULA FL 33873
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1990 Document number: L52768

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)

MARVION L MYERS

3218 HART RD

WAUCHULA FL 33873

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

HANK BAKER

Secretary

3218 HART RD

P.O. Box NOT acceptable

WAUCHULA FL 33873

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.

M. L. Myers
Signature of an officer or director

MARVION L MYERS PRES.

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.

M. L. Myers
Signature of Registered Agent

5/29/18
Date

If signing on behalf of an entity:

MARVION L MYERS
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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE