

LL2884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

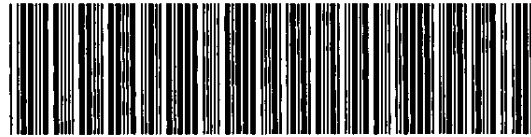
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
13 JAN 14 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2013
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHEAST PAINTING OF TALLAHASSEE INC.
Name of Corporation

DOCUMENT NUMBER: 162884

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:

CANDI ANTONETTI
Name of Contact Person

N/A (INDIVIDUAL)
Firm/Company

4947 E. SHANNON LAKES DR.
Address

TALLAHASSEE FL 32309
City/State and Zip Code

CandiAntonetti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDI ANTONETTI at (850) 345-8498
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SOUTHEAST PAINTING OF TALLAHASSEE INC.
- 2. The principal office address: 4947 E. SHANNON LAKES DR.
TALLAHASSEE FL 32309
- 3. The mailing address (if different): PO BOX 14012
TALLAHASSEE FL 32317
- 4. Date of incorporation/qualification: _____ Document number: _____
- 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)

RESIGNED

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

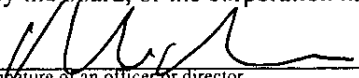
CANDI ANTONETTI
4947 E. SHANNON LAKES DR.
TALLAHASSEE FL 32309

P.O. Box NOT acceptable

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

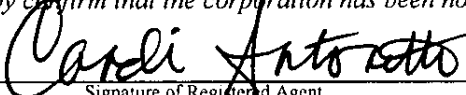
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MICHAEL FLEMMWIG, OWNER
 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

1-4-12
 Date

If signing on behalf of an entity:

 Typed or Printed Name

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