

m95 243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF TREASURY
T. LEMIEUX

MAY 24 2016
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EQUIPMENT SERVICES OF JACKSONVILLE, INC.
Name of Corporation

DOCUMENT NUMBER: M95243

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:

VICKI DUNCAN

Name of Contact Person

EQUIPMENT SERVICES OF JACKSONVILLE, INC.

Firm/Company

P.O. BOX 60457

Address

JACKSONVILLE, FL 32236

City/State and Zip Code

VDUNCAN.ES@ATT.NET

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

For further information concerning this matter, please call:

VICKI DUNCAN

Name of Contact Person

at (**904**) **783-0088**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2016

VICKI DUNCAN
P.O. BOX 60457
JACKSONVILLE, FL 32236

SUBJECT: EQUIPMENT SERVICES OF JACKSONVILLE, INC.
Ref. Number: M95243

We have received your document for EQUIPMENT SERVICES OF JACKSONVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 216A00008570

**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: EQUIPMENT SERVICES OF JACKSONVILLE, INC.
2. The principal office address: 6825 W. 12TH STREET, JACKSONVILLE, FL 32254
3. The mailing address (if different): P.O. BOX 60457, JACKSONVILLE, FL 32236
4. Date of incorporation/qualification: 8/22/1988 Document number: M95243
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)

DUNCAN, DAN

4853 WHITE BLUFF DRIVE

JACKSONVILLE, FL 32225

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

DUNCAN, DANIEL P.

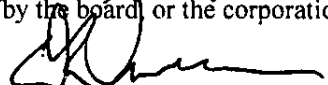
4853 WHITE BLUFF DRIVE

P.O. Box NOT acceptable

JACKSONVILLE, FL 32225

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.

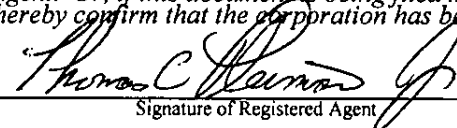


Signature of an officer or director

DANIEL P. DUNCAN, 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.



Signature of Registered Agent

5/16/16

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
CR2E045 (03/12)