

N05 00000 1291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

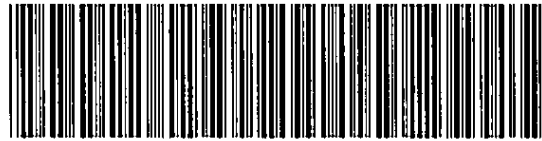
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**35.00

2020 MAR -2 PM 3:15

CLERK OF SUPERIOR COURT
DIVISION OF JUDICIAL ADMINISTRATION

3/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lee Building Industry Association Builders Care, Inc
Name of Corporation

DOCUMENT NUMBER: N05000001291

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:

Crystal Stouten

Name of Contact Person

Lee Building Industry Association Builders Care, Inc

Firm/Company

6835 International Center Blvd., #4

Address

Fort Myers, FL 33912

City/State and Zip Code

crystal@bia.net

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

For further information concerning this matter, please call:

Crystal Stouten

Name of Contact Person

at (239)

938-0056

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: Lee Building Industry Association Builders Care, Inc.
2. The principal office address: 6835 International Center Blvd., #4
Fort Myers, FL 33912

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/7/2005 Document number: N05000001291

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)

Becky Swift - Resigned
6835 International Center Blvd., #4
Fort Myers, FL 33912

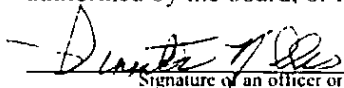
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Crystal Stouten
6835 International Center Blvd., #4
P.O. Box NOT acceptable
Fort Myers, FL 33912

2020 MAR -2 PM 3:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

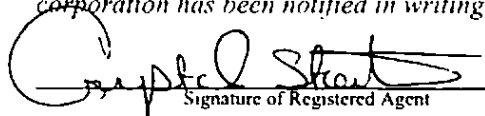
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ANNETTE NILES, 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.


Signature of Registered Agent

2/21/2020
Date

If signing on behalf of an entity:

Crystal Stouten
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 (04/13)