

412885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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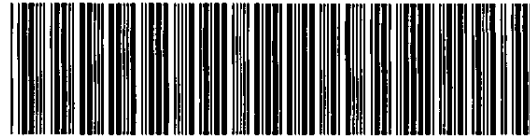
(Business Entity Name)

(Document Number)

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PA
Change
SJ
10-8-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orlando Culvert Dodgers Inc
Name of Corporation

DOCUMENT NUMBER: 112885

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:

Joseph Mata
Name of Contact Person

Orlando Culvert Dodgers Inc.
Firm/Company

2802 Latter Day Ct
Address

St. Cloud FL 34772
City/State and Zip Code

Jmatak9@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Mata at (407) 870-3127
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orlando Culvert Dodgers Inc
2. The principal office address: 18320 Wind Crest Lane
Groveland Florida 34736
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-13-1992 Document number: 112885
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)

Scott Yaeger resigned
18320 Wind Crest Lane
Groveland FL 34736

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

Joseph Mata
2802 Latten Day Ct
P.O. Box NOT acceptable
Saint Cloud FL 34772

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.

Scott Yaeger
Signature of an officer or director

Scott Yaeger 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.

X Joseph Mata
Signature of Registered Agent

10/01/12
Date

If signing on behalf of an entity:

Joseph Mata
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)