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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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DEC 1 5 2014 C. CARROTHERS

TO: Amendment Section Division of Corporations

John Switzer & Sons Enterprises, Inc.

Name of Corporation

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:

Keith T. Appleby

Name of Contact Person

Banker Lopez Gassler, PA

Firm/Company

501 E. Kennedy Blvd., Suite 1500

Address

Tampa, Florida 33602

City/State and Zip Code

kappleby@bankerlopez.com

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

For further information concerning this matter, please call:

Keith T. Appleby

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuto ange is submitted for a corporation organized under the laws of the State of Floride or to change its registered office or registered agent, or both, in the State of Florida	<u> </u>
1. The name of	the corporation: John Switzer & Sons Enterprises, Inc.	
2. The principal	office address: 15620 North Nebraska Ave., Lutz, Florida 33549	9
3. The mailing a	address (if different): Same	
4. Date of incor	poration/qualification: 01/27/2001 Document number: P0000000	9203
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	E. Jackson Boggs	
501 E. Kennedy Blvd., Suite 1700		TASE SE
	Tampa, Florida 33602	HR DEC TO AM TO: 56 SECRETARY OF STATE ALLAHASSEE FLORIO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Keith T. Appleby, Esq., Banker Lopez Gassler, P.A.	: 56
	501 E. Kennedy Blvd., Suite 1500	,
	P.O Box NOT acceptable Tampa, Florida 33602	
The street addras changed will	ess of its registered office and the street address of the business office of its regis be identical.	stered agent,
	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	
John	John W. Switzer, PD	<u> </u>
I hereby accept I further agree performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office add that the porporation has been notified in writing of this change.	egistered ress, I
Self	paul of Registered Agent Date	
,	chalf of an entity:	
1/2/14	yped or Printed Name	

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