

P000000015886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

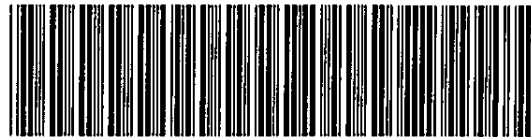
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000095470350

04/09/07--01008--001 **35.00

LA Chg.

FILED
07 APR -9 AM 10:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 11 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLIGATORZ WOOD FLOOR SANDING & REFINISHING INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000015886

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:

Troy Gustafson
(Name of Contact Person)

ALLIGATORZ WOOD FLOOR SANDING & Refinishing Inc.
(Firm/Company)

14945 Wise Way
(Address)

Fort Myers, Florida, 33905
(City/State and Zip Code)

For further information concerning this matter, please call:

Troy Gustafson at (239) 910-5424
(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: ALLIGATORZ WOOD FLOOR SANDING & Refinishing INC.
2. The principal office address: 14945 Wise Way, Fort Myers, Florida
33905
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2-9-02 Document number: P00000015886

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert Gustafson
14945 Wise Way
Fort Myers, Florida 33905

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

Troy Gustafson
14945 Wise Way
Fort Myers, Florida 33905
(P.O. Box NOT acceptable)

FILED
07 APR - 9 AM 10:24
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.

Robert Gustafson
(Signature of an officer or director)

Robert Gustafson - President
(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]
(Signature of Registered Agent)

new to be President

4-4-07
(Date)

If signing on behalf of an entity:

Troy Gustafson
(Typed or Printed Name)

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