

PO00000017878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

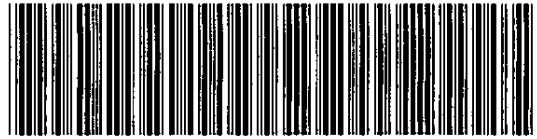
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Contractor's Framing & Stucco, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P000000017878

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:

John M. Hemenway  
Name of Contact Person

Bivins & Hemenway, P.A.  
Firm/Company

1060 Bloomingdale Avenue  
Address

Valrico, FL 33596  
City/State and Zip Code

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

For further information concerning this matter, please call:

John M. Hemenway at ( 813 ) 643-4900  
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

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