

P00 000082433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

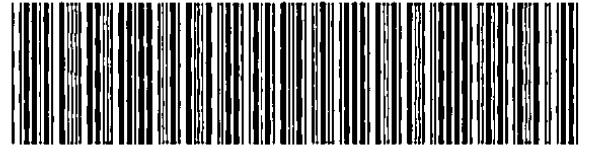
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Raymond Remodeling Inc
Name of Corporation

DOCUMENT NUMBER: P00000082433

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:

ROGER PINT

Name of Contact Person

RAYMOND REMODELING, INC

Firm/Company

14210 SW 20TH AVE RD

Address

OCALA, FL 34473

City/State and Zip Code

CPINT@AOL.COM

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

For further information concerning this matter, please call:

ROGER PINT

Name of Contact Person

at (239) 910-2039

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAYMOND REMODELING, INC
2. The principal office address: 14210 SW 20TH AVE RD
OCALA, FL 34473
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/28/2000 Document number: P00000082433
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)

ROGER J PINT

2214 SE 36 ST

CAPE CORAL FL 33904

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

ROGER J PINT

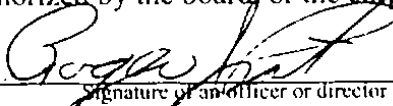
14210 SW 20TH AVE RD

P.O. Box NOT acceptable

OCALA, FL 34473

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.

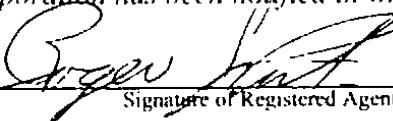


Signature of an officer or director

ROGER J PINT 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 of Registered Agent

10/12/2020

Date

If signing on behalf of an entity:

ROGER J PINT

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)