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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APROVED AND PILED

DEC 2 3 2014
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wagner Pavers Contractor Installation, Inc. Name of Corporation
DOCUMENT NUMBER: P01000015377
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:
David Dutra Name of Contact Person Wagner Pavers Contractor Firm/Company
403 Hawk Street
ROULIEDCE 71 32955 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Dutra or Kuthleen Miler at (321 1633-513) 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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



December 1, 2014

DAVID DUTRA 403 HAWK ST ROCKLEDGE, FL 32955

SUBJECT: WAGNER PAVERS CONTRACTOR INSTALLATION, INC.

Ref. Number: P01000015377

We have received your document for WAGNER PAVERS CONTRACTOR INSTALLATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form is for changing the registered agent or the registered agent's address. If you are wanting to change the officer you will need to file Atrticles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 714A00025243

TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: Wagner Pawers Contracter Installation, Inc.

DOCUMENT NUMBER: PO 100015377

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Dutra

Name of Contact Person

Wagner Pawers Contracter Installation Inc.

Firm/ Company

403 Huwk Str.

Address

Rayllage 71 329 55

City/ State and Zip Code

INFO Punginer Pawers Com

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

For further information concerning this matter, please call:

David Dutra

at 321 633 6131

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

🖬 \$35 Filing Fee

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52,50 Filing Fee

Certified Copy

is enclosed)

(Additional Copy

Certificate of Status

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as current	UNTI CCTZ Iy filed with the Floric	X ///STA la Dept. of Sta	<u>LLUTI (</u>	m, m			
P0100001	5377						
(Document Numbe	er of Corporation (if kno	own)	**************************************		_		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Profit Corp	oration adop	ts the followi	ng ameno	lmente	(s) to
A. If amending name, enter the new name of th	e corporation:						
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name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or "Co".	A profession	' "incorporat al corporatio	ed" or the in name must	abbreviat t contain	tion the	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A					_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		·			_	-	
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent		n Florida, ente	er the name (of the	SECRETARY O	14 DEC 149- AM	AND AND A
	(Florida street ac	idress)	· · · · · · · · · · · · · · · · · · ·		F STATE FLORID	M 6: 32	
<u>New Registered Office Address:</u>	(City)		_, Florida	(Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with a	and accept the o	obligations oj	the position.			
Signature o	f New Registered Agent	t, if changing					

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