# POlomozulus

_

Office Use Only



100264718121

09/30/14--01025--005 \*\*35.00

TALEANASSES ELONDA

OCT 9 2014

R. WHITE

#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

### SUBJECT: Principal Address Change

Name of Corporation

DOCUMENT NUMBER: P01000024443

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:

#### Timothy Lussier D/P/S

Name of Contact Person

Leeway Mechanical Inc.

Firm/Company

10592 Balmoral Circle STE. 6

Address

Jacksonville, Florida 32218

City/State and Zip Code

tclusear@msn.com

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

For further information concerning this matter, please call:

Timothy Lussier D/P/S

...904

751-3709

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 Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: Leeway Mechanical Inc.
1. The name of t	office address: 10592 Balmoral Circle Ste. 6 Jacksonville, Florida 32218
2. The principal	office address:
3. The mailing a	ddress (if different): P. O. Box 26248 Jacksonville, Florida 32226
4. Date of incorp	poration/qualification: 1/13/2014 Document number: P01000024443
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	10592 Balmoral Circle Ste. 6
	Jacksonville, Florida 32218
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  3333 Lenox Ave.  Jacksonville, Florida 32226
	P.O. Box NOT acceptable ?
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
71	Timothy Lussier D/P/S Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the	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 registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	9/25/2014
	half of an entity:
	yped or Printed Name

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