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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: D. R. DUFFY INC. (Name of Corporation)
DOCUMENT NUMBER: P01000033283
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:
DONALD R. Duffy PATVICIA A. Duffy Vice President Person) President
D. R. Ouffy INC. (Firm/Company)
139 HADDINGTON WAY (Address)
AIKEN, Sc 29803 (City/State and Zip Code)
For further information concerning this matter, please call:
Davalo R. Duffy (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2007

D.R. DUFFY, INC. 139 HADDINGTON WAY AIKEN, SC 29803

SUBJECT: D.R. DUFFY, INC. Ref. Number: P01000033283

We have received your document for D.R. DUFFY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 407A00044471

COVER LETTER

SUBJECT: D. R. Du Fry INC (Name of Corporation) DOCUMENT NUMBER: Poloco 3 3 2 8 3 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: ATRICIA A. DFFY NC C. (Firm/Company) ARRIVED SC 2 9 80 3 (City/State and Zip Code) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number)	TO: Amendment Section Division of Corporations
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: ATRICA A. JUFFY (Name of Contact Person)	(Name of Corporation)
Please return all correspondence concerning this matter to the following: ATRICA A. JUFFY (Name of Contact Person)	DOCUMENT NUMBER: Polooo33283
(Name of Contact Person) D. P. Joseph J. W.C. (Firm/Company) 139 HANNE-TON WAY (Address) (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
D. R. Juffy INC. (Firm/Company) 139 HAMMATON WAY (Address) HILEN SC 29803 (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
(Firm/Company) // // // // // // // // // // // // //	(Name of Contact Person)
(Address) ALEN SC 29803 (City/State and Zip Code) For further information concerning this matter, please call:	D, R. Juffy INC. (Firm/Company)
For further information concerning this matter, please call:	139 HADNNG-TON WAY (Address)
	HIKEN SC 29803 (City/State and Zip Code)
(Name of Contact Person) at (803) 644 9945 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	(Name of Contact Person) at (803) 644 8945 (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: D. R. Ovffy TNC
2. The principal office address: 139 HADDING-TOW WAY
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 03/28/200/ Document number: 0/0000 3 3 2 8 3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DONALD R. OVAY
11118 WINDRUSH CIRCLE
Hudson, FL 34667
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEVE WALTON TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL
(P.O. Box NOT acceptable) HOLIDAY FL 34690
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) Atricia A. Diffy WesiDENT (Signature of an officer or director)
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.
Steven Walton 7/26/07
(Signature of Registered Agent) If signing on behalf of an entity:
(Typed or Printed Name)

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