## P01000034041

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Lyons floe Excavating Inc. (Name of Corporation)
DOCUMENT NUMBER: PO1000034041
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:
(Name of Contact Person)
Lyone Hoe Excavating Inc. (Firm/Company)
16105 North Florida Ave, Suite D (Address)
Lutz, FL. 33549 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$13) GG4-\$898 (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



December 19, 2005

Edward L. Lyons Lyons Hoe Excavating, Inc. 16105 North Florida Ave., Suite D Lutz, FL 33549

SUBJECT: LYONS HOE EXCAVATING, INC.

Ref. Number: P01000034041

We have received your document for LYONS HOE EXCAVATING, 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):

Please sign at the bottom of the page (under the registered agent acceptance) as the new registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 805A00072502

## 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 100 dc in order to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of the corporation: Lyons Hoe Excavating Inc	
2. The principal office address: 16105 N. Florida Ave, Suite D	
Lutz, 7L. 33549	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3 30 01 Document number: P010003404	
<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li></ol>	
Law Office of Thomas A.R. Kaddouri, P.A.	
2107 W. Cass Street, Suite C	
Tampa, 71. 33406	
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):	
Educate L. Lyons	
16105 N. Florida, Ave., Swite D FO E O	
Lut2, 71.33549	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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.	
Deana Lyons Vice Pes (Signature of an officer or rector)  Deana Lyons (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 performation of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document if 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.	ıce his he
(Signature of Registered Agent) (Date)	_
If signing on behalf of an entity:	
(Typed or Printed Name)	

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