## P01000034041

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Yons HOE Excavating, Inc. (Name of Corporation)                                      |
| DOCUMENT NUMBER: PO 10000 34 041  |
| 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:                     |
| Deanna Yons (Name of Contact Person)  |
| Lyons HOE Excavating. Inc.  |
| 14201 Black Lake Road (Address)   |
| ODESSA FL 33SSL4 (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| Deana Jos at (813) 664-8898 (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

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| 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: Lyons HOE Excavating, Inc.   |
| 2. The principal office address: 14201 Black Lake Road   |
| ODESSON FI 33556   |
| 3. The mailing address (if different): PD BOX 403  |
| 6dessa F1 33556-0403   |
| 4. Date of incorporation/qualification: 3302001 Document number: PO1000034041  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Educard L. Wons  |
| 16105 N. Flordia ave-Se Do   |
| 16105 N. Flordia ave-Se De 1997  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Edward L. Lyons  |
| 14201 Black Lake Road  |
| (P.O. Box. NOT acceptable)  Odessey F1 3355U   |
| 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.  |
| Ognature of an officer or director Printed or typed name and title) (Printed or typed name and title)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I further byree 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 reflectfa change in the registered office address, I hereby confirm that the corporation has been hotified in writing of this change. |
| (Signature of Registered Agent)  (Signature of Registered Agent)   |
| If signing on behalf of an entity.   |
| (Typed or Printed Name)  |

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