

PO1000044328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

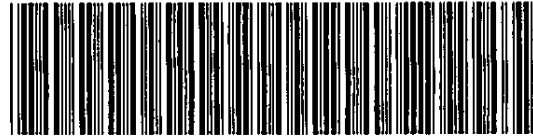
(Business Entity Name)

(Document Number)

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S. HAWKES

APR 4 2013

EXAMINED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Artistic Hospitality and Resorts Construction, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000044328

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:

Jason Welling

Name of Contact Person

Artistic Hospitality and Resorts Construction, Inc.

Firm/Company

6790 New Tampa Highway, Suite 209

Address

Lakeland, FL 33815

City/State and Zip Code

jwelling@artisticgc.com

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

For further information concerning this matter, please call:

Kim Powers

Name of Contact Person

at ( 863 ) 297-9661

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: Artistic Hospitality and Resorts Construction, Inc.
2. The principal office address: 6790 New Tampa Highway, Suite 209, Lakeland, FL 33815
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/30/01 Document number: P01000044328
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jason Welling

1235 Lake Point Drive

Lakeland, FL 33813

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jason Welling

6790 New Tampa Highway, Suite 209

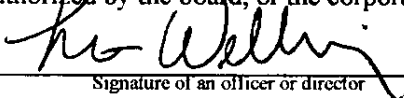
P.O. Box NOT acceptable

Lakeland, FL 33815

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

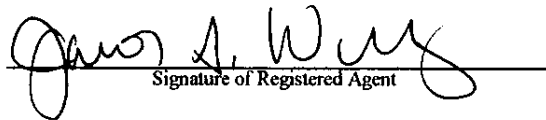
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Leo Welling, Vice President

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 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.*

  
Signature of Registered Agent

03/26/13

Date

If signing on behalf of an entity:

Jason Welling, COO

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314