

PO1000079180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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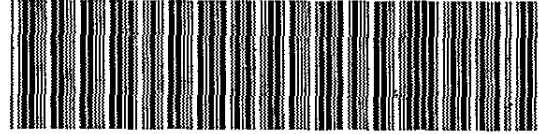
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2007 AUG 13 PM 12:59

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2007

MATT PHILLIPS
M.A. PHILLIPS SERVICES, INC.
202 HOLLY DR
RAINBOW, AL 35906

SUBJECT: M.A. PHILLIPS SERVICES, INC.
Ref. Number: P01000079180

We have received your document for M.A. PHILLIPS SERVICES, 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):

The registered agent must have a Florida street address. Please correct your document accordingly.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 107A00042937

RECEIVED
07 AUG 13 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.A.PHILLIPS SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000079180

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:

MATT PHILLIPS
(Name of Contact Person)

M.A.PHILLIPS SERVICES, INC.
(Firm/Company)

202 HOLLY DRIVE
(Address)

RAINBOW CITY AL 35906
(City/State and Zip Code)

For further information concerning this matter, please call:

MATT PHILLIPS at (352) 613-3181
(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

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: M.A. PHILLIPS SERVICES, INC.
2. The principal office address: 546 BROADSTREET STE., 5 GADSEN, AL 35901
3. The mailing address (if different): P.O. BOX 1992 GADSEN, AL 359028/13/2001
4. Date of incorporation/qualification: 8/13/2001 Document number: P1000079180
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MATT PHILLIPS
1112 E. BLOOMFIELD DR.
INVERNESS, FL 34453

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

(Office Registered Agent Address Change)
5505 38TH AVE. N.
(P.O. Box NOT acceptable)
ST. PETERSBURG, FL 33710

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.

M. Phillips
(Signature of an officer or director)

MATT PHILLIPS 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.

M. Phillips
(Signature of Registered Agent)

7-15-07
(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)

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