

PO2000007940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

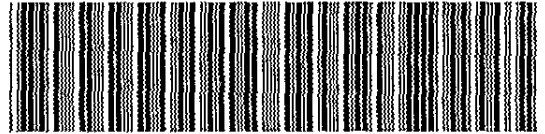
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TALLAHASSEE, FLORIDA

RA/RO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOB EVANS Construction Inc.
(Name of Corporation)

DOCUMENT NUMBER: P82000007940

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB EVANS.
(Name of Person)

8266 Lexington BOB EVANS Construction Inc.
(Name of Firm/Company)

8266 Lexington View Lane.
(Address)

Orlando FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

BOB EVANS at (321) 228-5295
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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 _____
in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: BOB EVANS CONSTRUCTION, INC.
2. The principal office address: ROBBIE EVANS
3. The mailing address (if different): 8266, Lexington View Lane
Orlando FL 32835 (same)
4. Date of incorporation/qualification: 01/23/2002 Document number: P02000007940
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

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

Darren Wolfe
401 Fountainhead Circle
(P.O. Box or personal mailbox NOT acceptable)
Kissimmee FL 34741

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]
(Signature of an officer, chairman or vice chairman of the board)

ROBBIE EVANS 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.*

Darren L. Wolfe
(Signature of Registered Agent)

8-18-03
(Date)

If signing on behalf of an entity:

Darren L. Wolfe
(Typed or Printed Name)

Officer
(Capacity)

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Stevens, hereby resign as V.P.
(Title)

of Bob Evans Construction, Inc
(Name of Corporation)

P02000007940, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

THE FILING FEE
IS \$35.00
TO FILE AN
OFFICER/DIRECTOR
RESIGNATION -

Stevens
(officer/director)

00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314