

P02000009256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

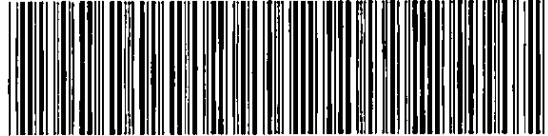
(Document Number)

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S. CHATHAM

JUL 12 2023

2023 MAY 16 PM 2:25

5/16/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ray Thompson Surveying, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000009256

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:

Samina Monakey, CPA

Name of Contact Person

Monakey & Company

Firm/Company

12443 San Jose Blvd., Suite 301

Address

Jacksonville, FL 32223

City/State and Zip Code

samina@monakeycpa.com

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

For further information concerning this matter, please call:

Samina Monakey, CPA

Name of Contact Person

at (904) 262-2661

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2023

SAMINA MONAKEY, CPA
12443 SAN JOSE BLVD, SUITE 301
JACKSONVILLE, FL 32223 US

SUBJECT: RAY THOMPSON SURVEYING, INC.
Ref. Number: P02000009256

We have received your document for 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 923A00009366

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**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: Ray Thompson Surveying, Inc.
2. The principal office address: 1825 University Boulevard West, Jacksonville, FL 32217
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/22/2002 Document number: P02000009256
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)

Raymond J Thompson

1825 University Boulevard West

Jacksonville, FL 32217

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

Monakey & Company, CPAs, LLC

12443 San Jose Blvd., Suite 301

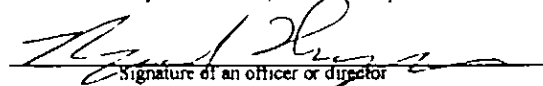
P.O. Box NOT acceptable

Jacksonville, FL 32223

(Doc #
L10000013055)

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

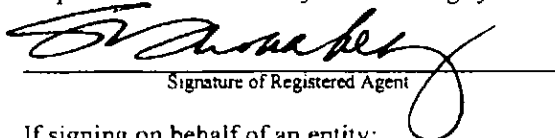
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Raymond Thompson (VSTD)

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

1/5/2023

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 (04/13)