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(Re	equestor's Name)	·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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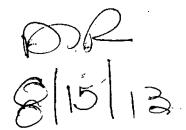


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COVER LETTER

Division of Corporations			
SUBJECT: EBERSOLE and SON, INC. Name of Corporation			
DOCUMENT NUMBER: P02000023755			
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:			
Elmer Ebersole Name of Contact Person			
EBERSOLE and SON, INC.			
1072 Tara Vista Drive Address			
Sarasota, FL 34232 City/State and Zip Code			
e/mer@msn.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Elmer Ebersole at 941 371-0730 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32301			

CR2E045 (03/12)

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: EBERSOLE and SON, INC.
2. The principal office address: 1072 Tara Vista Drive
2. The principal office address: 1072 Tara Vista Drive Sarasota, FL 34232
3. The mailing address (if different):
M 0000 000002755
4. Date of incorporation/qualification: March , 2002 Document number: P02000023755
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)
BizFilings
515 E. Parkway Avenue
Tallahacsaa El
- Tallanassez, Tal
6. The name and street address of the new registered agent (if changed) and /or registered office.
(if changed): Elmer Ebersole 75 5
Elmer Coersole
1072 Tara Vista Drive 5
1072 Tara Vista Drive P.O. Box NOT acceptable Sarasota, FL 34232
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.
Elmer Ebersole, President Signature of an officer or director 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 August 9, 2013 Date
If signing on behalf of an entity:
•
Typed or Printed Name

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

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