

PO2000028930

Michael Roberts  
PO Box 609  
Lake city FL 32056

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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
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T. LEMIEUX

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Dredging Services of North Florida Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P02000028930

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:

Michael W. Roberts SR  
Name of Contact Person

National Dredging Services  
Firm/Company

1537 NW Main Blvd  
Address

Lake city fl 32056  
City/State and Zip Code

National Dredging Services@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pennyl Roberts at 386 758-9098  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: National Dredging Services of North Florida Inc  
2. The principal office address: 1537 NW Main Blvd Lake City Fl 32085

3. The mailing address (if different): PO Box 609 Lake City Fl 32056

4. Date of incorporation/qualification: 3/15/2002 Document number: P0200028930

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)

Michael W Roberts JR  
PO Box 609 Lake City Fl 32056

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

Penny L. Roberts  
140 SW Beagle Ln  
Lake City Fl 32024  
P.O. Box NOT acceptable

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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.

Michael W Roberts SR President  
Signature of an officer or director

Michael W Roberts SR 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.*

Penny L Roberts  
Signature of Registered Agent

Penny L Roberts  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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