

202000033408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400312031994 ✓

04/30/18--01010--020 **35.00

S. TALLENT
MAY 15 2018

FILED
18 MAY 14 PM 3:27

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2018

PETER G. MCPHEE
PETER G. MCPHEE, INC.
502 NW EMBER WAY
JENSEN BEACH, FL 34957

SUBJECT: PETER G. MCPHEE, INC.
Ref. Number: P02000033408

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 018A00008974

5/7/18 : Attached is the amended document.
Per this letter, you already have
the \$35.00 fee. Thank you.

RECEIVED
18 MAY 14 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


PETER G. MCPHEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peter G. McPhee, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000033408

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:

Peter G. McPhee
Name of Contact Person

Peter G. McPhee, Inc.
Firm/Company

502 NW EMBER WAY
Address

Jensen Beach FL 34957
City/State and Zip Code

spmcphree@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter McPhee at (772) 2859477
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

Address

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: Peter G. McPhee, Inc.
2. The principal office address: 502 NW Ember Way
Jensen Beach, FL 34957
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/21/2002 Document number: P02000033408

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)

Peter G. McPhee

~~502 NW EMBER WAY~~

~~Jensen Beach, FL 34957~~

**8 Admirals Walk
Stuart, FL
34996**

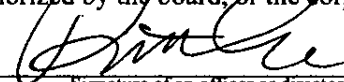
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

502 N.W. EMBER WAY
Jensen Beach, FL
34957

P.O. Box NOT acceptable

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.

X 
Signature of an officer or director

Peter G. McPhee, Pres
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.

X 
Signature of Registered Agent

4/25/2018
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 (03/12)

FILED

18 MAY 14 PM 3:27