

P0300000 9-038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

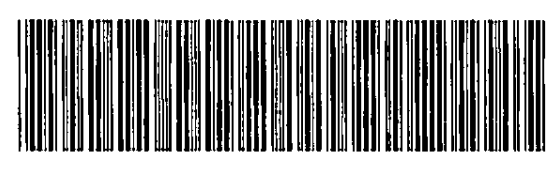
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100304132971

10/10/17--01035--027 **35.00

S TALLENT

OCT 26 2017

27A-CH

FILED
17 OCT 26 AM 6:16
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2017

GUY L WINGO
REMODELING & ADDITIONS, INC
3404 SAPPHIRE ROAD
LAKE WORTH, FL 33462

SUBJECT: REMODELING & ADDITIONS, INC.
Ref. Number: P03000009038

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.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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: 317A00020620

RECEIVED
17 OCT 26 PM 2:57
DIVISION OF CORPORATIONS
TALLERNT@FLDOH.GOV

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Remodeling & Additions, Inc
Name of Corporation

DOCUMENT NUMBER: P03000009038

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:

Guy L Wingo

Name of Contact Person

Remodeling & Additions, Inc

Firm/Company

3404 Sapphire Road

Address

Lake Worth FL 33462

City/State and Zip Code

remodelingandadditionsinc@yahoo.com

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

For further information concerning this matter, please call:

Barbara Frank

Name of Contact Person

at (561) 420-2906

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

1. The name of the corporation: Remodeling & Additions, Inc
2. The principal office address: 3404 Sapphire Road
Lake Worth FL 33462
3. The mailing address (if different): 3416 NW 64th Street
Coconut Creek FL 33073
4. Date of incorporation/qualification: 01/23/2003 Document number: P03000009038
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)

Guy L. Wingo III

3404 Sapphire Road

Lake Worth FL 33462

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

Daniel James Frank


3404 Sapphire Road

P.O. Box NOT acceptable

Lake Worth FL 33462

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

Guy L Wingo Owner/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.


Signature of Registered Agent

October 3, 2017

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
17 OCT 26 AM 6:16
TALLAHASSEE, FLORIDA