

P03 0000 380 37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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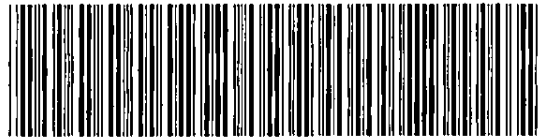
(Business Entity Name)

(Document Number)

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2025 APR 11 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

SB6-02-2025

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARK WILLIAMS CONSTRUCTION COMPANY, INC.
Name of Corporation

DOCUMENT NUMBER: P03000038037

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:

STEPHEN

STEVEN M. ALLEN

Name of Contact Person

MARK WILLIAMS CONSTRUCTION COMPANY, INC.

Firm/Company

8191 Blaikie Ct

Address

Sarasota, FL 34240

City/State and Zip Code

matt@mwcfloida.com

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

For further information concerning this matter, please call:

Matt Allen

at (941)

232-1604

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

SECRETARY
TALLAHASSEE
2025 APR 11 PM 11:30

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: MARK WILLIAMS CONSTRUCTION COMPANY, INC.
2. The principal office address: 8194 Blaikie Ct, Sarasota, FL 34240
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 04/03/2003 Document number: P03000038037
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)

Resigned effective 04/02/2025

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

STEPHEN
Steven M. Allen

8191 Blaikie Ct

P.O. Box NOT acceptable

Sarasota, FL 34240

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.

S. Matt Allen
Signature of an officer or director

Steven M. Allen, VP

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.

S. Matt Allen
Signature of Registered Agent

04/03/2025

Date

If signing on behalf of an entity:

Steven M. Allen

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)