

PO3 000 127 046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

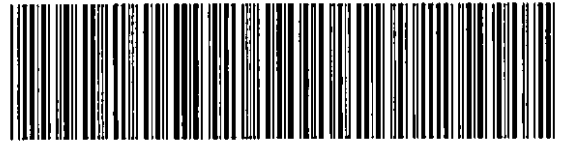
(Business Entity Name)

(Document Number)

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05/15/23--01031--029 \*\*70.00

2023 MAY 15 11:07

A handwritten signature in black ink, appearing to be the initials 'AL'.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A & A PLASTERING INC  
Name of Corporation

**DOCUMENT NUMBER:** P03000127046

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:

LARRY ABRAMS  
Name of Contact Person  
A & A PLASTERING INC  
Firm/Company  
2515 TOMOKA FARMS ROAD  
Address  
PORT ORANGE, FL 32128  
City/State and Zip Code  
SPEEDWAYBOOKKEEPING24@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2007 APR 15  
10:07

For further information concerning this matter, please call:

LARRY ABRAMS at ( 386 ) 547-5490  
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

**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: A & A PLASTERING INC

2. The principal office address: 2515 TOMOKA FRAMS ROAD  
PORT ORANGE FL 32128

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/31/2003 Document number: P03000127046

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)

CHARLES D ABRAMS  
2515 TOMOKA FARMS ROAD  
PORT ORANGE, FL 32128

2023-1-13  
1:07

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

LARRY ABRAMS  
2515 TOMOKA FARMS ROAD  
P.O. Box NOT acceptable  
PORT ORANGE, FL 32128

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.

*Larry Abrams*  
Signature of an officer or director

LARRY ABRAMS  
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.*

*Larry Abrams*  
Signature of Registered Agent

5-5-23  
Date

If signing on behalf of an entity:

LARRY ABRAMS  
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)