P03000132301

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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R.A. Charge 3-30-04

TRANSMITTAL LETTER

TO: Amendment Section - Division of Corporations
SUBJECT: MOORE'S WELDING & Mechanical Services, INC (Name of corporation)
DOCUMENT NUMBER: <u>P03000132301</u>
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:
Burton T. Morre (Name of person)
MOORE'S WELDING & Mechanical Services, INC. (Name of firm/company)
8506 N. SR 53 (Address)
Mindison, FL 32340 (City/state and zip code)
For further information concerning this matter, please call:
Burton T. Moore at (850) 973-4765 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee FL 32314Tallahassee FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS			
Pursuant to the provisions of sections 607.0502, 617.0502, 607.15 change is submitted for a corporation organized under the laws of to change its registered office or registered agent, or both, in the S	fthe State of Flogida	•	
	E Mechanical Service VETT Rd 32331		
3. The mailing address (if different): Same		·	
4. Date of incorporation/qualification: 11-14-03 Do		φ	
Florida Department of State: RONNIE L. MOORE (572 N. 2014 A CURTINE A	RONNIE L. MOORE		
GERENUILE, FL 32331		TARY OF S	
6. The name and street address of the new registered agent (if charged): BURTON T. MOORE 1506 N. SR 53 (P.O. Box or personal mailbox NO. Madison, Pl. 3239	T acceptable)	H: 15	
The street address of its registered office and the street address changed will be identical.	of the business office of its registered ag		
Such change was authorized by resolution duly adopted by its be the board, or the corporation has been notified in writing of the (Signature of an officer or director)	RONNE L. Monve (Printed or typed name and title)	President	
I hereby accept the appointment as registered agent and agree if further agree to comply with the provisions of all statutes reladuties, and I am familiar with and accept the obligation of my peing filed merely to reflect a change in the registered office adbeen notified in writing of this change.	to act in this capacity, tive to the proper and complete perform position as registered agent. Or, if this of dress, I hereby confirm that the corpora	ance of my document is ation has	
Export most (Signature of Registered Agent)	3-23-04 (Detc)		
If signing on behalf of an entity: BURTON T. MOORE	President / Regulare	d Agent	
(Typed or Printed Name)	(Capecity)	+-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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