

PSY 000036313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

JUN 22 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BUSKIRK SERVICES, INC.**

Name of Corporation

**DOCUMENT NUMBER:** **P04000036313**

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:

**Laurie Buskirk**

Name of Contact Person

**Buskirk Services, Inc.**

Firm/Company

**5711 SW 34th Street**

Address

**Ocala, FL 34474**

City/State and Zip Code

**laurie@lauriebuskirk.com**

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

For further information concerning this matter, please call:

**Laurie Buskirk**

Name of Contact Person

**352 361-4765**

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: Buskirk Services, Inc.
2. The principal office address: 5711 SW 34th Street, Ocala, FL 34474
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Feb. 25, 2004 Document number: P04000036313
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)

Laurie Buskirk

10890 SW 47th Court

Ocala, FL 34476

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

Laurie Buskirk

5711 SW 34th Street

P.O. Box NOT acceptable

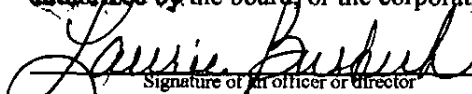
Ocala, FL 34474

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The ~~new~~ address of its registered office and the street address of the business office of its registered agent, ~~as changed~~ will be identical.

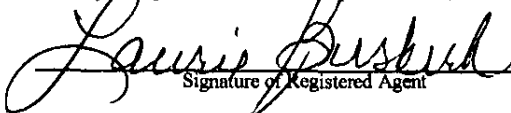
~~Such change~~ was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Laurie Buskirk, 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

June 18, 2012

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)