

P04 0000 65210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C. GOLDEN
JUL 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SOUTHEASTERN METAL REFINISHING INC.

SUBJECT: _____
Name of Corporation
P04000065210

DOCUMENT NUMBER: _____

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:

Tammi Williamson

Name of Contact Person
Southeastern Metal REFINISHING INC.

Firm/Company
5076 WATERS EDGE WAY

Address
Cooper City, FLORIDA 33330

City/State and Zip Code
SEMETAL@YAHOO.COM

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

For further information concerning this matter, please call:

Tammi Williamson

305

216-2679

Name of Contact Person at (_____) _____
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

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: Southeastern Metal Refinishing Inc.
2. The principal office address: 5076 Waters Edge Way, Cooper City Florida 33330
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/20/2004 Document number: P0400065210

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)

Tammi Williamson

48 Hendricks Isle Apt 502

Fort Lauderdale, Florida 33301

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

Tammi Williamson

5076 Waters Edge Way

P.O. Box NOT acceptable

Cooper City, Florida 33330

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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.

Tammi Williamson
Signature of an officer or director

Tammi Williamson 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.

Tammi Williamson
Signature of Registered Agent

8/2/19
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