

P04000094502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

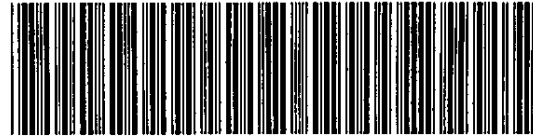
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SISSON MECHANICAL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P0400094502

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:

MICHAEL L. SISSON

Name of Contact Person

SISSON MECHANICAL SERVICES, INC.

Firm/Company

4370 GOEBLE ROAD

Address

FORT MYERS, FL 33905

City/State and Zip Code

MSISSON@SISSONCONTRACTING.COM

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

For further information concerning this matter, please call:

MICHAEL L. SISSON

Name of Contact Person

at (**239**) **633.9620**
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

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TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

MICHAEL L SISSON
SISSON CONTRACTING, INC.
4370 GOEBLE ROAD
FORT MYERS, FL 33905

SUBJECT: SISSON MECHANICAL SERVICES, INC.
Ref. Number: P04000094502

We have received your document for SISSON MECHANICAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Florida Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 816A00023492

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: SISSON MECHANICAL SERVICES, INC.
2. The principal office address: 4370 GOEBLE ROAD, FORT MYERS, FL 33905

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/21/2004 Document number: P04000094502

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)

KARL C. LANDSTEINER

5235 RAMSEY WAY, SUITE 13

FORT MYERS, FL 33907

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

MICHAEL L. SISSON

4370 GOEBLE ROAD

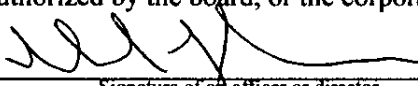
P.O. Box NOT acceptable

FORT MYERS, FL 33905

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TALLAHASSEE, FLORIDA

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.



Signature of an officer or director

MICHAEL L. SISSON, 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

11/15/2016

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)