

PD4000106550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Amend
10.12.04



200079612282

10/12/08--01008--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 12 PM 4:32

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tim Winters Tractor Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000106550

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:

Tim Winters

(Name of Contact Person)

Tim Winters Tractor Service, Inc.

(Firm/Company)

1922 Rogers Avenue

(Address)

Arcadia, Fl. 34266

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Winters

(Name of Contact Person)

at (863) 494-7009

(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: Tim Winters Tractor Service, Inc.
2. The principal office address: 1922 Rodgers Ave.
Arcadia, FL. 34266
3. The mailing address (if different): 1922 Rodgers Ave
Arcadia, FL. 34266
4. Date of incorporation/qualification: 7-19-04 Document number: P04000106550
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

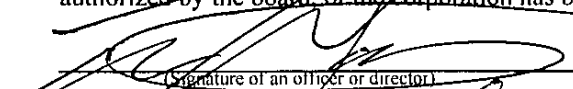
AIA Registered Agent, Inc.
92 Sadberry Road
Quincy, FL. 32351

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

Tim Winters
1922 Rodgers Avenue
(P.O. Box NOT acceptable)
Arcadia, FL. 34266

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)

Tim Winters, 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)

10-6-06
(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 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 12 PM 4:32