P05000072266

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(Document Number)
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SECRETARY OF STATE

My John

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Owen Metal Company, Inc (Name of Corporation)
DOCUMENT NUMBER: P0500072266
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:
Name of Contact Person)
Owen Wetal Company luc (Firm/Company)
1228 53rd Street, A-B
Mangonia Park F 33407 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (501) 803 (350) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

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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

Chron

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of section nge is submitted for to change its reg	or a corporation	organized	under the	laws of th	ne State of	Flori	A
1. The name of the	he corporation:	Owen	M	tel	Con	upany	luc	· · · · · · · · · · · · · · · · · · ·
2. The principal of	office address:		53 rd K ,	Stre	et , 3340	Suites 7	Hai	<u>8</u>
	ر ddress (if differen			San	<u> </u>			
4. Date of incorp	oration/qualificat	on: 5/17/	05	_ Docume	ent number	r: <u>P05</u> 0	2000	7226
5. The name and Florida Depart	street address of t ment of State:	he current registe	ered agent	and regis	tered offic	e on file with	the	
	Lucas	Dwen	** * * * * * * * * * * * * * * * * * * *					
	4360	Portofin	10 Wa	uj:	#30 =	3	×ω	0
	_	Palm R		તિ	3340	09	ECRE.	
6. The name and (if changed):	street address of	the new registere	d agent (if	changed)	and /or re	gistered office	IARY OF ASSEE,	
	Lucas	Owen		· · · · · · · · · · · · · · · · · · ·	.		FLO	2 √0
	41 0	MO Lag	0	rive			RIDA	5
	Juno	` ^	•	ત્તિ	3340	7		
The street address changed will	ss of its registere be identical.	d office and the	street add	ress of th	e business	office of its	registered	agent,
Such change wa authorized by th	s authorized by re board, or the co	esolution duly a orporation has be	dopted by	its board d in writ	of directoing of the	ors or by an o change.	fficer so	
(Signatur	re of an officer or direct	lor)	_	Luca	S Ou (Printed or ty	ven Preyped name and titl	sidon	+
I hereby accept a further agree to of my duties, and document is bein corporation has	the appointment of comply with the dI am familiar was filed merely to been notified in	as registered ag e provisions of a ith and accept th reflect a chang writing of this cl	ent and ag ll statutes he obligat e in the re hange.	gree to ac relative i ion of my gistered (t in this co to the prop position o office addi	apacity. oer and comp as registered ress, I hereby	olete perfo agent. O confirm i	rmance r, if this hat the
	<u> </u>		. <u> </u>	1-	7-08			
If signing on bel	nature of Registered Ap	gent)			(Date)		
organiza on oor	or an onney.							
(T	yped or Printed Name)							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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