

P05000086589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

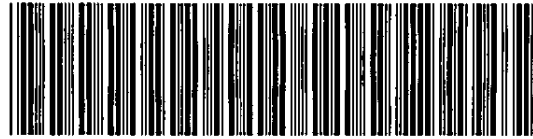
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
13 NOV -8 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 13 2013
EXAMINER

SUMMAS STRIPING, INC.
P.O. BOX 1781
BOCA RATON, FL 33429
561-338-6927 PHONE 561-368-2373 FAX

November 5, 2013

Department of State
Attn: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed check no. 1143 and the Statement of Change of Registered Office address. Please also change our mailing address as requested on the Cover Letter.

If you should have any questions please contact me at the number above.

Thank you,



Kim Summas
Secretary

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUMMAS STRIPING, INC.
Name of Corporation

DOCUMENT NUMBER: P05000086589

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:

STEPHEN SUMMAS

Name of Contact Person

SUMMAS STRIPING, INC.

Firm/Company

P.O. BOX 1781

Address

BOCA RATON, FL 33429

City/State and Zip Code

STEVE@SUMMASASPHALTCONCRETE.COM

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

For further information concerning this matter, please call:

STEPHEN SUMMAS

Name of Contact Person

at (954) 8210269

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: SUMMAS STRIPING, INC.
2. The principal office address: 1739 NW 2ND AVENUE, BOCA RATON, FL 33432
3. The mailing address (if different): P.O. BOX 1781, BOCA RATON, FL 33429
4. Date of incorporation/qualification: 6/16/2005 Document number: P05000086589
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)

STEPHEN SUMMAS

299 SW 8 TERRACE

BOCA RATON, FL 33486

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

STEPHEN SUMMAS

1739 NW 2ND AVENUE

P.O. Box NOT acceptable

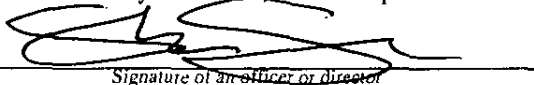
BOCA RATON, FL 33432

13 NOV - 8 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

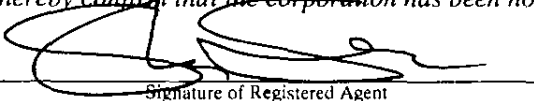
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

STEPHEN SUMMAS

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

10/31/2013

Date

If signing on behalf of an entity:

STEPHEN SUMMAS

Typed or Printed Name

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