

PD50000141846

(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



200160838162

09/21/09--01012--001 **35.00

RA to by

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 12:50

T Roberts SEP 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEFFNER ALUMINUM INC
Name of Corporation

DOCUMENT NUMBER: P05000141846

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:

LARRY CARLISLE
Name of Contact Person

KEN'S ALUMINUM INC
Firm/Company

1408 WHEELER RD
Address

SEFFNER, FL 33584
City/State and Zip Code

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

For further information concerning this matter, please call:

LARRY CARLISLE at (813) 695-7514
Name of Contact Person 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: SEFFNER ALUMINUM, INC.
2. The principal office address: 2342 BOGAERT RD, SEFFNER, FL 33584
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 10-18-05 Document number: P05000141846

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)

RESIGNED Leslie N Kimmel

2342 Bogaert Rd

Dover, FL 33527

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

LARRY CARLISLE

1408 E WHEELER RD

P.O. Box NOT acceptable

SEFFNER, FL 33584

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
ALLEN CARLISLE

ALLEN CARLISLE, ST
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
LARRY CARLISLE

SEPT 3, 2009
Date

If signing on behalf of an entity:

N/A

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
DIVISION OF CORPORATIONS
06 SEP 21 PM 12:50