

P05000151432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

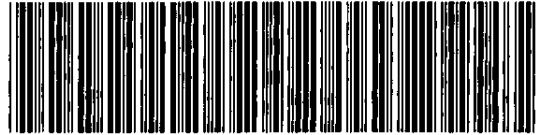
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000163131320

11/30/09--01044--003 **35.00

FILED
2009 NOV 30 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

DEC - 4 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOSS CARPENTRY, INC.
Name of Corporation

DOCUMENT NUMBER: P05000151432

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:

HEIDI M. VOSS
Name of Contact Person

VOSS CARPENTRY, INC
Firm/Company

918 ALASKA AVE.
Address

LEHIGH ACRES, FL 33971
City/State and Zip Code

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

For further information concerning this matter, please call:

HEIDI VOSS at (239) 590-5798
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: VOSS CARPENTRY, INC.
2. The principal office address: 918 ALASKA AVE, LEHIGH ACRES, FL 33971
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/14/2005 Document number: P05000151432

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)

THOMAS C. VOSS (RESIGNED)

918 ALASKA AVE

LEHIGH ACRES, FL 33971

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

HEIDI M. VOSS

918 ALASKA AVE

P.O. Box NOT acceptable

LEHIGH ACRES, FL 33971

FILED
2009 NOV 30 PM 3:23
SECRETARY OF STATE
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.

Heidi M. Voss
Signature of an officer or director

HEIDI M. VOSS, 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.

Heidi M. Voss
Signature of Registered Agent

OCT. 1, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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