

P06000015253

(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



800158292968

07/13/09--01031--001 **165.00

FILED

09 JUL 13 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Renew 7/2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aruba Roofing, Inc
Name of Corporation

DOCUMENT NUMBER: P06000015253

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:

Joe Florea
Name of Contact Person

Aruba Roofing, Inc
Firm/Company

1480 SW 3rd St Suite C3
Address

Pompano Beach, FL 33069
City/State and Zip Code

jfaruba@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Florea at (954) 786-7292
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Aruba Roofing, Inc
2. The principal office address: 1480 SW 3rd St Suite C3
Pompano Beach, FL 33069
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/31/2006 Document number: FC6000028464

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)

Joe Florea

1730 SW 1st Terrace

Pompano Beach, FL 33060

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

Joe Florea

1480 SW 3rd St Suite C3

P.O. Box NOT acceptable

Pompano Beach, FL 33069

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]
Signature of an officer or director

JOE FLOREA, PRES
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]
Signature of Registered Agent

7/6/2009
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