

PO400000 18736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
11/2/06

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skip Lambert Fire Protection, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000018736

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:

Doug Lambert  
(Name of Contact Person)

Skip Lambert Fire Protection, Inc.  
(Firm/Company)

1797 Old Moultrie Rd. #107  
(Address)

St. Augustine, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

Skip Lambert at ( 904 ) 476-1069  
(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: Skip Lambert Fire Protection, Inc.
2. The principal office address: 1797 Old Moultrie Rd. #107  
St. Augustine, FL 32084
3. The mailing address (if different): 6253 Carlton Rd.  
Jacksonville, FL 32244
4. Date of incorporation/qualification: January 2006 Document number: PO6000018736
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

The Company Corporation

2711 Centerville Rd.

Wilmington, DE 19808

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

Doug Lambert

6253 Carlton Rd.

(P.O. Box NOT acceptable)

Jacksonville, FL 32244

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.

WD Lambert Jr  
(Signature of an officer or director)

WD Lambert Jr. 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.

Doug Lambert  
(Signature of Registered Agent)

10/31/06  
(Date)

If signing on behalf of an entity:

Doug Lambert  
(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)

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