

POL 000047838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

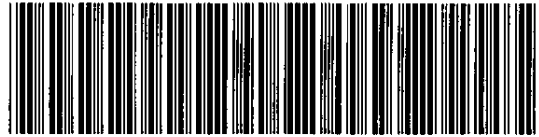
(Business Entity Name)

(Document Number)

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*RA Grace*  
*Change*

03/25/09--01002--008 \*\*10.00

02/25/09--01010--015 \*\*25.00

FILED

2009 MAR 24 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AR*  
*3/24/09*

*\*00789 06342, 000672*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EVERLAST SCREEN ENCLOSURES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

TOREY Amici  
(Name of Contact Person)

EVERLAST SCREEN ENCLOSURES INC  
(Firm/Company)

P.O. Box 471  
(Address)

PALM CITY FL 34991  
(City/State and Zip Code)

For further information concerning this matter, please call:

TOREY Amici at (772) 287 5305  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2009

Torey Amici  
Everlast Screen Enclosures  
P.O. Box 471  
Palm City, FL 34991

SUBJECT: EVERLAST SCREEN ENCLOSURES INC.  
Ref. Number: P06000047838

We have received your document for EVERLAST SCREEN ENCLOSURES INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 009A00007132

RECEIVED  
2009 MAR 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EVERLAST SCREEN ENCLOSURES, INC.
2. The principal office address: 1599 S.W. DYER POINT ROAD  
PALM CITY FL 34990
3. The mailing address (if different): P.O. BOX 471  
PALM CITY FL. 34991
4. Date of incorporation/qualification: 04/03/2006 Document number: P.0600004783
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)

LANCE A. AMICI JR

2941 S.E. GRAN PARK WAY

STUART FL. 34997

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

LANCE A AMICI JR

1599 S.W. DYER POINT ROAD

(P.O. Box NOT acceptable)

PALM CITY FL. 34990

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.

X  
(Signature of an officer or director)

LANCE AMICI 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 of Registered Agent)

\_\_\_\_\_  
(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

CR2E045 (8/05)

2009 MAR 24 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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