## P06000052327

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| . (Do                   | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Succor Building Services Inc.  Name of Corporation                                   |
| DOCUMENT NUMBER: P0600052327  |
| 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:                     |
| to the topo wing.   |
| Thomas E. Heape  Name of Contact Person   |
| Name of Contact Person  |
|   |
| Succor Building Services Inc. Firm/Company  |
| 1 mil/Company   |
| 3030 Waterfield Lane  |
| Address   |
|   |
| Lakeland, FL 33803  |
| City/State and Zip Code   |
| theape@svmcommercialservces.com   |
| E-mail address: (to be used for future annual report notification)                            |
|   |
| For further information concerning this matter, please call:                                  |
| Thomas E. Heape at ( 863 ) 667-0998   |
| Name of Contact Person Area Code & Daytime Telephone Number                                   |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |
| Mailing Address: Street Address:  |
| Amendment Section Amendment Section  Division of Corporations Division of Corporations        |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building             |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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  Attement 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: Succor Building Services, Inc.  |
| 2. The principal office address: 3030 Waterfield Lane Lakeland, FL 33803  |
|   |
| 3. The mailing address (if different): P.O. Box 8081 Lakeland, FL 33802   |
| 4. Date of incorporation/qualification: 4/11/2006 Document number: P0600052327  |
| 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)  |
| Kenneth W. Sorah Pres.  |
| 3030 Waterfield Lane ≥ 2 ★  |
| Lakeland, FL 33803  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Thomas E. Heape Pres.  |
| Thomas E. Heape Pres.   |
| 3030 Waterfield Lane  |
| P.O. Box NOT acceptable   |
| Lakeland, FL 33803  |
| 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  Kenetha S. Heape Vice-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. |
| Thomas Elliepe February 9, 2012   |
| Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| Typed or Printed Name   |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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