

PD6000054854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF INFORMATION

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FLORIDA

C. LEWIS

OCT 23 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mikes Siding Inc.
Name of Corporation

DOCUMENT NUMBER: P 06000054854

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:

Michael Brookshire
Name of Contact Person

Mikes Siding Inc
Firm/Company

7827 133 Catawba Trl
Address

Crawfordville FL 32327
City/State and Zip Code

Alike mikesiding@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Brookshire at (850) 459-4483
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: Mikes siding inc.
2. The principal office address: 133 Catawba Trl
Crawfordville FL 32327
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4-18-2006 Document number: P06000054854
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)

Fontenot James
8 Klamath st
Crawfordville FL 32327

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

Ledford Dustin
133 Catawba Trl
P.O. Box NOT acceptable
Crawfordville FL 32327

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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.

MU BM
Signature of an officer or director

Michael Brookshire 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.

Dustin Ledford
Signature of Registered Agent

10/22/2013
Date

If signing on behalf of an entity:

Dustin Ledford
Typed or Printed Name

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