P06000082116

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08/28/23--01014--007 **35.00

COVER LETTER

Amendment Section

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TO:

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 <u>Honde</u> in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: Asphart Repair Inc.
2. The principal office address: 1555 Postgate Lanc Spring Hill FL 341010
3. The mailing address (if different):
1. Date of incorporation/qualification: $0\omega/15/0\psi$ Document number: 9000000821100
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)
7737 CR 747
webster, FL 33597
James O. Scott TR
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
15550 Northgate Ln. 8 =
Spring Hill P2 34610 == == == == == == == == == == == == ==
P.O. Box NOT acceptable
James O. Scott JR \$ 8
The street address of its registered office and the street address of the business office of its registered agent, is 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.
- 10 · 10 · 10
Signature of an officer or director Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
8/24/23
Signature of Registered Agent Date
f signing on behalf of an entity:
Aspnalt Repair Fro.

* * * 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 (04/13)

Typed or Printed Name