

PD6000101860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

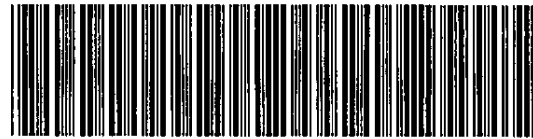
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600290843106

10/11/16--01001--001 \*\*35.00

2016 OCT -7 AM 11:12  
STATE  
CLERK'S OFFICE

FILED

OCT 11 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2016

JOHN MCIVOR SECOND MAILING  
GILES MCIVOR INC  
6824 PHILIPS PKWY DR S  
JACKSONVILLE, FL 32256

SUBJECT: GILES-MCIVOR, INC.  
Ref. Number: P06000101860

We have received your document for GILES-MCIVOR, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 116A00018330

RECEIVED  
16 OCT -7 PM 3:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Giles McIvor, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P06000101860

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:

John McIvor

Name of Contact Person

Giles McIvor, Inc.

Firm/Company

6824 Philips Pkwy. Dr. S

Address

Jacksonville, FL 32256

City/State and Zip Code

Tammy@giles-mcivor.com

E-mail address: (to be used for future annual report notification)

16 AUG 25 PM 10:38

For further information concerning this matter, please call:

Tammy McIvor

Name of Contact Person

904 8215300

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: Giles Mclvor, Inc.  
2. The principal office address: 6824 Philips Pkwy. Dr. S. Jacksonville, Florida 32256  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2006 Document number: P06000101860

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)

Giles Mclvor, Inc.

6824 Philips Pkwy. Dr. S

Jacksonville, Florida 32256

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

Giles Mclvor, Inc.

11015 Blasius Road

P.O. Box NOT acceptable

Jacksonville, FL 32226

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]  
Signature of an officer or director

John C. Mclvor

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]  
Signature of Registered Agent

7-22-2016

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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