

P07000001796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

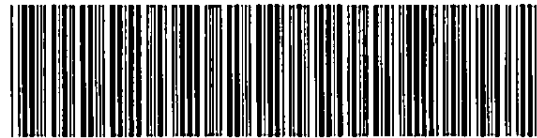
(Business Entity Name)

(Document Number)

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2018 MAY - 7 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY - 9 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Drywizard Drywall Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000001796

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:

Caleb Suszko
Name of Contact Person

Drywizard Drywall Services, Inc.
Firm/Company

3636 Erindale Dr. Ste 105
Address

Valrico, FL 33596
City/State and Zip Code

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

For further information concerning this matter, please call:

Caleb Suszko at 813 - 317 - 3838
Name of Contact Person Area Code & Daytime Telephone Number
813 - 684 - 4800

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: Dajwizard Drywall Services Inc.
2. The principal office address: 3636 Emerald Dr. Ste 105
Valrico, FL 33596
3. The mailing address (if different): 3433 Lithia Pinecrest Rd #361
Valrico, FL 33596
4. Date of incorporation/qualification: 01/04/2007 Document number: P07000001796

5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

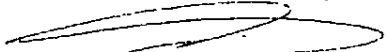
Haynes, Ronald S.
2240 Lithia Center Ln
Valrico, FL 33596

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

Haynes, Ronald S
10101 Bloomingdale Avenue Suite 250
P.O. Box NOT acceptable
Priverview, FL 33578

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

Caleb Suszko - 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.



Signature of Registered Agent

5/2/18

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
CR2E645 (03/12)

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TALLAHASSEE, FLORIDA