

PO7000019782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

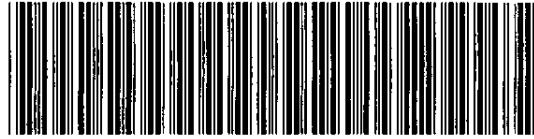
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A. Address change

TB

11-20-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: santos wood company, inc
(Name of Corporation)

DOCUMENT NUMBER: p07000019782

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:

luciano santos
(Name of Contact Person)

santos wood company, inc
(Firm/Company)

5921 forest ridge dr
(Address)

winter haven fl 33881
(City/State and Zip Code)

For further information concerning this matter, please call:

(407)235-0397 at (407) 235-0397
(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

ADDRESS CHANGE REQUEST

**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: santos wood company, Inc.
2. The principal office address: 5921 forest ridge dr
winter haven fl 33881
3. The mailing address (if different): 5921 forest ridge dr
winter haven fl 33881
4. Date of incorporation/qualification: P07000019782 Document number: p07000019782
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: Luciano Santos
1336 raintree bnd # 204 clermont fl 34714

6. The name and street address of the new registered agent (if changed) and //or registered office (if changed): Luciano Santos
5921 forest ridge dr
winter haven fl 33881 - 0709
(P.O. Box NOT acceptable)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~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)

ownership

(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)

10/13/2007

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)