P0900001162

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

128 JUNE 20 JU

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: L & D Site Services, Inc. (Name of C	Corporation)	
DOCUMENT NUMBER: P09000021162		
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Joel	Stringer	
(Name of Co	ntact Person)	
1 9 D G#o	Sandaga Ing	
L & D Site Services, Inc. (Firm/Company)		
6308 Muc	k Pond Road	
	lress)	
	Florida 33584	
(City/State a	nd Zip Code)	
For further information concerning this matter, please	call:	
Joel Stringer	at (813) 352-2384	
Joel Stringer (Name of Contact Person)	at (<u>813</u>) <u>352-2384</u> (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Depar	tment of State.	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
•	Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

=	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of	
in order	r to change its registered office or registered agent, or both, in the State of	Florida.
1. The name of the	he corporation: L & D Site Services, Inc.	
2. The principal	office address: 7439 Floral Circle West	· · · · · · · · · · · · · · · · · · ·
<u>Lakeland, l</u>	Florida 33810	•
3. The mailing ac	ddress (if different): 6308 Muck Pond Road	
Seffner, I	Florida 33584	
4. Date of incorp	oration/qualification: March 2009 Document number: P0900	00021162
	street address of the current registered agent and registered office on file w tment of State: (If resigned, enter resigned)	rith the
	William Stringer (resigned)	
	7439 Floral Circle West	09 / SECH
	Lakeland, Florida 33810	FI APR:
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	ILED 22 PN 12: ARY OF STA SSEE FLORI
	Joel Stringer	RID.
	6308 Muck Pond Road (P.O. Box NOT acceptable)	_
	Seffner, Florida 33584	• ••
The street address changed will	ss of its registered office and the street address of the business office of be identical.	its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by a e board or the corporation has been notified in writing of the change.	n officer so
On great un	Joel Stringe (Printed or typed name and	er fulle)
of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and condition of my position as register agentles merely to reflect a change in the registered office address, I here the proper in writing of this change.	mplete performance ed agent. Or, if this eby confirm that the
per	thing 04-15-2009)
If signing on bel		BARBARA DIFILIPPO Comm# DD0534434 Expires 6/27/2010 Bonded by (800)432-4254 Florida Notary Assn. Inc.
(T)	yped or Printed Name)	Barbara 20° Filip
	* * * FILING FEE: \$35.00 * * *	·