## P09000076995

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## COVER LETTER \*

TO: Amendment Section Division of Corporations
SUBJECT: Staples Construction The Name of Corporation
DOCUMENT NUMBER: P9900076995
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:
Michael Staples Name of Contact Person
Staples Const. Inc.
903 59th St. NW
Bradenton, FC 34209 City/State and Zip Code
Stapks Constagol con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Staples at 941 7378787 Name of Contact Person Area Code & Daytime Telephone Number
Traine of Confact reison . Then Code & Daytine reiephone rumber

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.
1. The name of the corporation: Staples Custroction Inc.
2. The principal office address: 403 59th St. NW
Bracenton, FC 34209
3. The mailing address (if different):
4. Date of incorporation/qualification/15/2009 Document number: Po9000769
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)
michael Staples
403 59th St. NW
Bradenton, FC 34207 = == ==
6. The name and street address of the new registered agent (if changed) and /or registered of the life (if changed):
Bengt Tim Drummond Staring 2 14018 Pine 400ds Land East 200
Sarasota, FC 34240
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 poolution 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 ordirector  Signature of an officer ordirector  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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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