

PO9000083349

(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



800163421828

03/18/10--01034--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 17 A 10:04

FILED

*No Charge
Fees*

3-19-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ally Facility Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000083349S

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:

Steven L. Howerton
Name of Contact Person

Ally Facility Solutions, Inc.
Firm/Company

2009 Arcadia Road
Address

Holiday, Florida 34690
City/State and Zip Code

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

RECEIVED
2010 MAR 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Duffy at (727) 940-5873
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

**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: Ally Facility Solutions, Inc.
2. The principal office address: 2009 Arcadia Road, Holiday, Florida 34690
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Oct 7th, 2009 Document number: P09000083349
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)

Howerton, Steven L.

1027 Ibis Point Lane

Jacksonville, Florida 32224

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

Howerton, Steven L.


2009 Arcadia Road

P.O. Box NOT acceptable

Holiday, Florida 34690


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

John P. Duffy, Treasurer
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

March 12, 2010
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
CR2E045 (8/05)

FILED
2010 MAR 11 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA