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T. CARTER

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Robert C. Winterle Architect, Inc.

Name of Corporation

DOCUMENT NUMBER. P10000077774

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:

Robert Winterle

Name of Contact Person

Robert C. Winterle Architect, Inc.

Firm/Company

2759 State Road 580, Suite 211

Address

Clearwater, FL 33761

City/State and Zip Code

rcw@rcw-architect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Winterle

.,727 ,725-`

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florid	la	
1. The name of 2. The principal	the corporation: Robert C. Winterle Architect: Inc. l office address: 2759 State Road 580, Suite 211, Clearwater, Fl	_ 3376	1
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/22/2010 Document number: P1000007	7774	
5. The name an	d street address of the current registered agent and registered office on file with the rument of State: (If resigned, enter resigned)		
· · · · · · · · · · · · · · · · · · ·	Robert C. Winterle		
	620 Crown Oak Centre Dr.		TA S
	Longwood, FL 32750		
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		14 OCT 23 PM 12: 22	TARY OF STA
2759 State Road 580, Suite 211		22	RIDA
	P.O. Box NOT acceptable Clearwater, FL 33761		
	ress of its registered office and the street address of the business office of its registered.		gent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so	
Robert C. Winterle, President Signature of an officer or director Printed or typed name and title			
I hereby accep I further agree	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as r his document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	egistered dress, I	d
MH	October 21, 2014		
	gnature of Registered Agent Date		
Robert C. V	ehalf 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 (03/12)