

P100000098207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 MAY 16 PM 3:46

*Re Change*

MAY 23 2014  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2014

EVARISTO RUIZ  
TRI-CITY MECHANICAL  
1701 N GOLDENEYE LN  
HOMESTEAD, FL 33035 US

SUBJECT: TRI-CITY MECHANICAL CORP  
Ref. Number: P10000098207

We have received your document for TRI-CITY MECHANICAL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

An officer/director of the above listed corporation must authorize the Statement of Change of Registered Office/Agent by signing the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 514A00008817

RECEIVED

14 MAY 16 PM 1:58

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tri-City Mechanical Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P10000098207

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:

**Evaristo Ruiz**

Name of Contact Person

**Tri-City Mechanical Corporation**

Firm/Company

**1701 N Goldeneye Ln**

Address

**Homestead, FL, 33035**

City/State and Zip Code

**tri\_cityair@yahoo.com**

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

For further information concerning this matter, please call:

**Evaristo Ruiz**

Name of Contact Person

at ( **786** ) **412-1183**

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: Tri-City Mechanical Corp
2. The principal office address: 9156 Collins Ave. Apt. 108  
Surfside, FL, 33154.
3. The mailing address (if different): P.O. Box 650843  
Miami, FL, 33265.
4. Date of incorporation/qualification: 12/03/2010 Document number: P10000098207
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)

Evaristo Ruiz

9156 Collins Ave. Apt. 108,

Surfside, FL, 33154.

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

Evaristo Ruiz

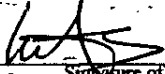
1701 N Goldeneye Ln.,

P.O. Box NOT acceptable

Homestead, FL, 33035.

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

Evaristo Ruiz, President.

\_\_\_\_\_  
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.*

April 14-2014.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
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 (03/12)

FILED  
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TALLAHASSEE, FLORIDA  
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