

P11 000006317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 AUG -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 07 2015
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tocar Construction and Drywall, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000006317

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:

Carol L. Cairns
Name of Contact Person

Tocar Construction and Drywall, Inc.
Firm/Company

2858 Don Quixote Drive
Address

Punta Gorda, FL 33950
City/State and Zip Code

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

For further information concerning this matter, please call:

Carol L. Cairns at (941) 628-1902
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: Tocar Construction and Drywall, Inc.
2. The principal office address: 18260 Paulson Drive, Unit A-2, Port Charlotte, FL 33950
3. The mailing address (if different): 2858 Don Quixote Drive, Punta Gorda, FL 33950
4. Date of incorporation/qualification: 01/19/2011 Document number: P11000006317
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)

Business Filings Incorporated

515 E. Park Avenue

Tallahassee, FL 32301

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

Terry L. Armentrout, CPA

170 W. Dearborn Street

P.O. Box NOT acceptable

Englewood, FL 34223

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.

Caryl Y. Cairns VP
Signature of an officer or director

CAROL L. CAIRNS VP
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

7.30-15
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)

SECRETARY OF STATE

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