

P11000039678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

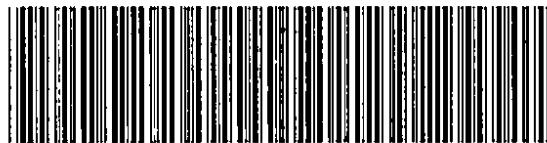
(Business Entity Name)

(Document Number)

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2020 JAN 27 PM 5:26
SEC. OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 20 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Partin Cart-away Concrete, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000039678

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:

Rick Partin
Name of Contact Person

Partin Cart-away Concrete, Inc.
Firm/Company

5193 NW County Road 661A
Address

Arcadia, FL 34266
City/State and Zip Code

trpartin77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Partin at (941) 928-2302
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: Partin Cart-away Concrete, Inc
2. The principal office address: 5193 NW County Road 661A
Arcadia, FL 34266
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/25/2011 Document number: P11000039678
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)

Teresa Lynn Partin
5193 NW County Rd 661A
Arcadia, FL 34266

SECRETARY OF STATE
TALLAHASSEE, FL

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

Rick Partin
5193 NW County Road 661A
Arcadia, FL 34266

P.O. Box NOT acceptable

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.

Teresa Lynn Partin
Signature of an officer or director

P.D.T.S

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.

X [Signature]
Signature of Registered Agent

1/18/2020
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 (04/13)