## P12000 011 675

(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



700334355727

\$1. 大海 1. The The \$2.00

19 OCT 17 AMII: 45

T SCHROEDER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Sanchez Industrial Wilding, Inc. Name of Corporation
DOCUMENT NUMBER: <u>P120001675</u>
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:
Sarah K Sanchez Name of Contact Person
Sanchez Industrial Welding Inc.
O26 Platt Pd Address
Nuples, FL 34120 City/State and Zip Code
Kiryne Siwflorida.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah K Sanchez at (239) 877 3070  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 \int \lambda \cdot \lambda	
1. The name of the corporation: Sanchez Industrial Welding Inc	
2. The principal office address: 626 PlaH Pd	
Naples FZ 34120	
3. The mailing address (if different): (Same)	
4. Date of incorporation/qualification: $\frac{2 3 12}{2 12}$ Document number: $\frac{2 3 0000 1675}{2 12}$	
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)	
Saran K Sanchez	
19054 Evergreen Pd	
F+ Myers FL 33967	
6. The name and street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered office in the street address of the new registered agent (if changed) and for registered agent (if changed) are registered agent (if changed) and for registered agent (if changed) are registered age	;
Surah K Sanchez	
P.O. Box NOT acceptable	
Naples FL 34120	
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 office to Signature of a finite of 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 further agree 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 Date	
f signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*