## P13000014502

(Fi	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



300266630693



300266630693 12/23/14--01023--011 \*\*\*35.00



DR 123/14



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2014

Turner Foundation Equipment Inc 159 Elmwood Dr. St. Johns, FL 32259

SUBJECT: TURNER FOUNDATION EQUIPMENT, INC.

Ref. Number: P13000064502

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please fill out the enclosed registered agent change form and submit it along with your \$35.00 check in order to designate a new registered agent.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 714A00023691

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TURNER FOUNDATION EQUIPMENT INC.
DOCUMENT NUMBER: P136000 64562
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:
VICKI KELTER  Name of Contact Person
HR BLOCK Firm/Company
1305 N. ORANGE AUE, SUITE 114
GREEN COVE SPRINGS FL 32043 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PICHARD SANGER at 954 856-0915  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  Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

CR2E045 (03/12)

## 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 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: TURNER FOUNDATION EQUIPMENT IN
1. The name of the corporation: TORNER FOUNDATION EQUIPMENT LD  2. The principal office address: 159 ELMWOOD DR.
ST. JOHNS, FC. 32259
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/1/13 Document number: P13600064502
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)
Resigned / Corporation, Services Co.
_1201_Hays. St
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office.
VICKI KELTER
1305 N. ORANGE AUE: SUITE 114 DM W
GREEN COVE SPRINGS, FL 32043
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.
Ruling of an officer or effection fadlin Richard or typed harne and whe
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.
Vu Squalure of Registered Agent 12/11/14  Squalure 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)