

PI300006399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Birken Construction, Inc.

Name of Corporation

DOCUMENT NUMBER: P13000066399

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:

Jeffrey Kendall

Name of Contact Person

Birken Construction, Inc.

Firm/Company

11747 Philips Hwy., Suite 301

Address

Jacksonville, FL 32256

City/State and Zip Code

Lindy@birkeninc.com

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

For further information concerning this matter, please call:

Lindy Birkelbach

Name of Contact Person

at (904) 305-4110

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

Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

JEFFREY KENDALL
11747 PHILIPS HWY STE 301
JACKSONVILLE, FL 32256

SUBJECT: BIRKEN CONSTRUCTION INC
Ref. Number: P13000066399

We have received your document for BIRKEN CONSTRUCTION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing the registered agent you need to fill out section 6 and sign the acceptance.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 117A00023278

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Birken Construction, Inc.
2. The principal office address: 11747 Philips Hwy., Suite 301
Jacksonville, FL 32256
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/8/2013 Document number: P13000066399

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)


Jeff Kendall
9432 Baymeadows Rd., Suite 100
Jacksonville, FL 32256

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

11747 Philips Hwy., Suite 301
P.O. Box NOT acceptable
Jacksonville, FL 32256

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

Jeff Kendall
Printed or typed name and title

Whereby 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

12/4/17
Date

If signing on behalf of an entity:

Jeff Kendall
Typed or Printed Name

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