(Requestor's Name) (Address)	
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(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: SISSON CONTRACTING, INC.

Name of Corporation

DOCUMENT NUMBER: P1500002392

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:

MICHAEL L. SISSON	
Name of Contact Person	
SISSON CONTRACTING, INC.	
Firm/Company	
4370 GOEBLE ROAD	
Address	
FORT MYERS, FL 33905	
City/State and Zip Code	
City/State and Zip Code MSISSSON@SISSONCONTRACTING.COM	-11
E-mail address: (to be used for future annual report notification)	5
	(T)
For further information concerning this matter, please call:	farmer.
MICHAEL L. SISSON (239 633.9620	
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

MICHAEL L SISSON SISSON CONTRACTING, INC. 4370 GOEBLE ROAD FORT MYERS, FL 33905

SUBJECT: SISSON CONTRACTING, INC. Ref. Number: P15000002392

We have received your document for SISSON CONTRACTING, 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):

The form you submitted is for a Alien Business Organization, but your entity is a Florida Corporation. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 316A00023492



www.sunbiz.org

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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: SISSON CONTRACTING, INC.

....

4370 GOEBLE ROAD, FORT MYERS, FL 33905 2. The principal office address:

4. Date of inco	poration/qualification: 1/7/2015 Document number: P1500002392
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	KARL C. LANDSTEINER
	5235 RAMSEY WAY, SUITE 13
	FORT MYERS, FL 33907
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office and MICHAEL L. SISSON
	d street address of the new registered agent (if changed) and /or registered office of NO
	d street address of the new registered agent (if changed) and /or registered office of NV 28
(if changed):	d street address of the new registered agent (if changed) and /or registered office MICHAEL L. SISSON 4370 GOEBLE ROAD P.O. Box NOT acceptable FORT MYERS, FL 33905 Ess of its registered office and the street address of the business office of its registered agent

MICHAEL L. SISSON, PRESIDENT

Signature of an officer or director

Printed or typed name and title

Date

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.

11/15/2016

Signature of Registered Agent

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)