

PI5606004603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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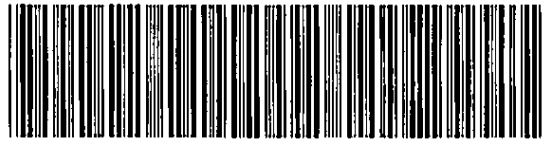
(Business Entity Name)

(Document Number)

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2017 DEC 18 P 12:37
TALLAHASSEE, FLORIDA

T. LEMMON
DEC 20 2017

NA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FL Contracting Inc
Name of Corporation

DOCUMENT NUMBER: P15000004603

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:

Grant Galloway

Name of Contact Person

FL Contracting

Firm/Company

PO Box 953

Address

Windermere, FL 34786

City/State and Zip Code

Grant@flcontracting.com

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

For further information concerning this matter, please call:

Grant Galloway

Name of Contact Person

at (407) 340-9424

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: FL Contracting Inc
2. The principal office address: 274 Carisbrooke St Ocoee FL 34761
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/14/2015 Document number: P15000004603

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)

United States Corp. Agents Inc

13302 Winding Oak Ct Tampa FL 33612

Registered Agent: Cheyenne Moseley

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

Grant Galloway

274 Carisbrooke St Ocoee FL 34761

P.O. Box NOT acceptable

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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

Grant Galloway
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.


Signature of Registered Agent

12/13/17
Date

If signing on behalf of an entity:

Grant Galloway
Typed or Printed Name

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