

P15000031771

(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



700298680267

05/08/17--01026--004 \*\*35.00

*Flachy*

MAY 12 2017

R. WHITE

17 MAY -8 AM 11:42

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KINCAID CUSTOM FINISHES INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000031771

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:

JOE KINCAID  
Name of Contact Person

Firm/Company

2168 CASS ST.  
Address

SARASOTA FL 34231  
City/State and Zip Code

J.kincaidpainting@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Kincaid at ( 813 ) 469-6533  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kincaid Custom Finishes Inc.  
2. The principal office address: 2168 Cass St. Sarasota FL 34231  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/16/2015 Document number: P15000031771  
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)

Joseph Kincaid  
2975 Bee Ridge Road D  
Sarasota FL 34239

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

Joseph Kincaid  
2168 Cass St.  
Sarasota FL 34231

P.O. Box NOT acceptable

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.

Joe Kincaid  
Signature of an officer or director

Joe Kincaid  
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.*

Joe Kincaid  
Signature of Registered Agent

5/4/2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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