

PO4000051189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

08/05/2015
TELEPHONE
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TriCounty Pavers & Design Corporation
Name of Corporation

DOCUMENT NUMBER: 15 - 00055237

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:

Ricardo H dos Anjos
Name of Contact Person

TriCounty Pavers & Design Corporation
Firm/Company

3300 S. Congress Ave Suite #16
Address

Boynton Beach, FL 33426
City/State and Zip Code

Ricardo@Tricountypavers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo H dos Anjos at (561) 738 5522
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

Please

see

attached

August 25, 2015

RICARDO H DOS ANJOS
3300 S CONGRESS AVE STE 16
BOYNTON BEACH, FL 33426

SUBJECT: TRI-COUNTY PAVERS & DESIGN CORP.
Ref. Number: P04000051189

We have received your document for TRI-COUNTY PAVERS & DESIGN CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 515A00017972

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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: Tri County Pavers + Design Corp
2. The principal office address: 3300 S. Congress Ave #16
Boynton Beach, FL 33426
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 15-00055237

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)

Ricardo H dos Anjos
1925 Park Place
Boca Raton, FL 33486

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

Ricardo H dos Anjos
3300 S. Congress Ave #16
P.O. Box NOT acceptable
Boynton Beach, FL 33426

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]
Signature of an officer or director

Ricardo H dos Anjos
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]
Signature of Registered Agent

Ricardo H dos Anjos
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

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DIVISION OF STATE