P1600038976

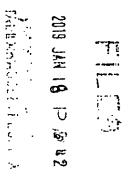
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Welding Erection of Steel, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000038976

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:

James Mason

Name of Contact Person

Welding and of Steel, Inc.

Firm/Company

1556 Tropic Isle Drive

Address

Apopka, FL 32712

City/State and Zip Code

jimmason2017@gmail.com

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

For further information concerning this matter, please call:

James Mason

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



December 7, 2018

JAMES MASON 1556 TROPIC ISLE DR APOPKA, FL 32712

SUBJECT: WELDING ERECTION OF STEEL, INC.

Ref. Number: P16000038976

We have received your document for WELDING ERECTION OF STEEL, 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 registered agent must sign accepting the designation.

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: 318A00025218

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation org	1302, 007, 1308, or 617, 1308, Florida Statutes, this ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.
	the corporation: Welding Erection	·
2. The principa	l office address: 1556 Tropic Isle FL 32712	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 04/29/2016	6
The name an Florida Depa	d street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	Jean Mason - resigned effe	ective 1-1-18
	120 Autumn Drive	
	Longwood, FL 32779	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office
	James Mason	
	1556 Tropic Isle Drove	<u>∞</u>
	Apopka, FL 32712	OT acceptable
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly adoptone board, or the corporation has been in	ed by its board of directors or by an officer so notified in writing of the change.
	re of an officer or irector	Jean A Mason
Thereby accept further agree in performance of agent. Or, if the	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and	atutes relative to the proper and complete accept the obligation of my position as registered fleet a classical with a registered
	7 Alle	1- 1-2018
Sigi	nature of Registered Agent	Date
f signing on be	half of an entity:	
James Mas	on	
Ту	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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