

P160000059122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

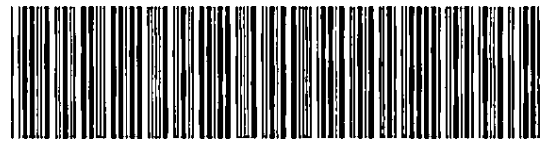
(Business Entity Name)

(Document Number)

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SECOND FLORIDA STATE  
TALLAHASSEE, FLORIDA

NOV 09 2018

S. YOUNG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Duey does it!! Services Inc.

Name of Corporation

**DOCUMENT NUMBER:** P16000059122

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:

Duane Craven

Name of Contact Person

Duey does it!! Services Inc.

Firm/Company

7116 Kingsbury Circle

Address

Tampa, Florida 33610

City/State and Zip Code

duey@dueydoesit.com

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

For further information concerning this matter, please call:

Duane Craven

Name of Contact Person

at ( 813 ) 748-4597

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

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: Duey does it!! Services Inc.
2. The principal office address: 40045 Nottingham Trail Zephyrhills, Florida 33540
3. The mailing address (if different): 7116 Kingsbury Circle Tampa, Florida 33610
4. Date of incorporation/qualification: 03/26/2011 Document number: P16000059122
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)

Duane Craven

36411 Pikmar Dr,

Zephyrhills, Fl. 33541

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

Duane Craven

40045 Nottingham Tr.

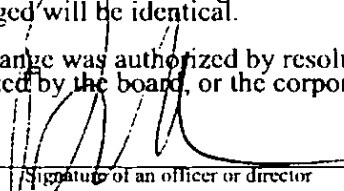
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Zephyrhills, Fl. 33540

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TALLAHASSEE, FLORIDA

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

Duane Craven CEO  
\_\_\_\_\_  
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

10-29-18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE