8/28/2018

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

REGISTERED AGENT CHANGE BENNY THE BUILDER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECTION SECTION OF CELL SECTIO	Corporate Filing Menu	Help AUG 2 · 2013

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

statement of cha	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida organized under the laws of the State of registered agent, or both, in the State of	·
1. The name of	the corporation. Benny The Builder	Inc.	
	l office address: 3114 W. ARCH ST		
Tampa FL 3	3607		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/02/2016	Document number: P16000	073001
	d street address of the current regist artment of State: (If resigned, enter n	ered agent and registered office on file vesigned)	rith the
	UNITED STATES CORPORATIO	N AGENTS, INC	_
	13302 WINDING OAK COU	IRT A	-
	TAMPA, FL 33612		- N 2 **.
6. The name and (if changed):	-	ed agent (if changed) and for registered o	ffice Signal
	Registered Agents Inc.		19
	3030 N. Rocky Point Dr. ST	E 150A	
		ox NOT acceptable	3
	Tampa FL 33607		
as changed will	I be identical.	street address of the business office of i	
. Col	Use of an officer or director	dopted by its board of directors or by an en notified in writing of the change. Pale to Review to Printed or typed name and to	J. PERCZ PREST
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered age to comply with the provisions of a f my diates, and I am familiar with his document is being filed merely to that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and cor and accept the obligation of my positio to reflect a change in the registered offi ified in writing of this change.	npleie n as registered ce address, l
But Ha	wa.	8/16/18	
Sig	gruture of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Bill Havre			
	Typed or Printed Name	C FFF \$35.00 * * *	

CR2E045 (03/12)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314