

P14000084929

(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, FLORIDA

NOV 09 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Walker Custom Carpentry, Inc
Name of Corporation

DOCUMENT NUMBER: P116000084929

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:

Lori-Ann Smith
Name of Contact Person

Walker Custom Carpentry, Inc
Firm/Company

2094 Java Plum Ave
Address

Sarasota FL 34232
City/State and Zip Code

smithlori2094@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori-Ann Smith at (941) 539-1394
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Walker Custom Carpentry, Inc
2. The principal office address: 665 Eastpointe Pkwy
Sarasota FL 34232
3. The mailing address (if different): 2094 Java Plum Ave
Sarasota, FL 34232
4. Date of incorporation/qualification: 10/24/16 Document number: P116000084929
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 Walker
665 Eastpointe Pkwy
Sarasota FL 34232
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lori-Ann Smith
2094 Java Plum Ave
P.O. Box NOT acceptable
Sarasota FL 34232

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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

10-29-18
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

10/25/18
Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name

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