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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 19, 2017

JOHN PEREZ FABRICATION SERVICES, INC 86099 EVERGREEN PL YULEE, FL 32097

SUBJECT: FABRICATION SERVICES, INC.

Ref. Number: P16000099929

We have received your document for FABRICATION SERVICES, 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee. or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 217A00025171

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FABRICATION SERVICES INC Name of Corporation
DOCUMENT NUMBER: P1600099929
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:
Name of Contact Person
FIBRICATION SERVICES INC Firm/Company
86099 EVERGREEN PL. Address
VULEE FL. 32097 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future annual report norm cation)
For further information concerning this matter, please call:
Name of Contact Person at (9/2) Z/2 6328 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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: FABRICATION SERVICES INC.
2. The principal office address: 86099 EVERGREEN PL. YULEE FL. 32097
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/20/2016_Document number: 2/6000 \$9929
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)
LiEG1LZOOM
101 N. BRAND BLVD, 1/ FLOOR
GLENDALE, CA. 91203
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
50H SAINE CORRECTE TILINGS Registered Hart'S Inc.
3030 N. ROCKY POINT DE. W. # 150a P.O. Box NOT acceptable
TIMPA, FL. 33607
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 of director JOHN REREZ PRESIDENT 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.
Bil Authorite Date Date
If signing on behalf of an entity:
Bill Harres
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