## P17000011912

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Four Corners Builders, Inc.  Name of Corporation
DOCUMENT NUMBER: P17 000011912
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:
Diane Miksch Name of Contact Person
Firm/Company  249 4310 Ave  Address
St Petc Beach, FL 33706  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Diane Miksch at (127) 367-1040   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

statement of change	is submitted for a corporation change its registered office of	n organized under the laws o	f the State of $F$ < $\circ$	_
1. The name of the c	orporation: Four	ORNERS BU	LOERS I	NC
	ce address: 3029 R			
•	F<. 33771			
3. The mailing addre	ess (if different):			
4. Date of incorporat	tion/qualification: 2 -/-	Document num	lber: <u>P 1700</u> 0	011912
	eet address of the current reginated of State: (If resigned, enter		fice on file with the	
	DEBBIE	-		
3	029 RUBERT	A 5T		
	ARGO FL 3	377/	ALL AL	2017 M
6. The name and stre (if changed):	et address of the new register		registered off	暴了
		e MIKSCh		圣门
	249	437 Ave Box NOT acceptable		<u>დ</u> დ
		te Beach, Ft 33	706	<b>-</b> ; ,
The street address of as changed will be in	f its registered office and the dentical.	street address of the busines	ss office of its registe	red agent,
	thorized by resolution duly a bard, or the corporation has b	dopted by its board of direct een notified in writing of the	tors or by an officer s e change.	О
Righture of a	un officer or director	Rick No.	JAK OWN ypod name and title	ER_
I hereby accept the a I further agree to co performance of my a agent. Or, if this do hereby confirm that	appointment as registered ag mply with the provisions of a luties, and I am familiar with cument is being filed merely the corporation has been no	ent and agree to act in this of all statutes relative to the pro and accept the obligation of to reflect a change in the re tified in writing of this chang	capacity. oper and complete of my position as regi. gistered office addres ge.	stered ss, I
Diane	Miksch	3/0	9/17	<del></del>
If signing on behalf	of an entity:		<i>t</i> ∕aic	
Туреф о	r Printed Name			

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