P17464

(Requestor's	Name)
(Address)	
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(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document N	Number)
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R. WHITE

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COVER LETTER

TO: Amendment Se Division of Cor	ction porations			
SUBJECT: Jan	nes Austin (Company Name of Corpora	ition	
DOCUMENT NUMBI	ER: P17	464		
The enclosed Statement	of Change of Reg	gistered Office/Age	nt and fee are submitted for filing.	
Please return all corresp	ondence concerni	ng this matter to th	e following:	
F	Robert BDowni	e Name of Contact I	Person	
	.	0		
James Austin Company Firm/Company				
_			-	
<u>F</u>	2.0. Box 827	115 Downie Address	ville Road	
<u>M</u>	Mars, PA 1604	46 City/State and Zip	Code	
rdownie@jamesaustin.com E-mail address: (to be used for future annual report notification)			annual report notification)	
L-II	ian address. (to t	oc asea for fatare	umaa report notification/	
For further information	concerning this m	atter, please call:		
Robert Dov		at (724) 625–1535 Area Code & Daytime Telephone Number	
Name of	Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 ch	eck made payable	to the Department	of State.	
	Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	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 PA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: James Austin Company	
2. The principal office address: 115 Downieville Road	
Mars, PA 16046	
3. The mailing address (if different): P.O. Box 827	
Mars, PA 16046	
4. Date of incorporation/qualification: 12-31-1987 Document number: P17464	
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)	
Dennis Bard	
1560 Lexington Ave.	
Deland, FL 32724	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	7
Richard Harpster	
1560 Lexington Ave. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
P.O. Box NOT acceptable	
Deland, FL 32724	
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.	
Robert Downie, Treasurer Signature of an officer or director 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.	
Kuchard Hacebox 10/10/14 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Richard HARPSTER	

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