

P180000087038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

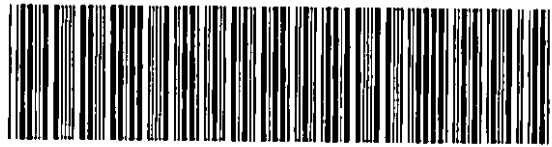
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600321441766

12/10/18--01041--017 **35.00

2018 DEC 10 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2018
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED BUILDERS OF FLORIDA INC
Name of Corporation

DOCUMENT NUMBER: P18000087038

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:

TOMMY L. ROSECRANTS
Name of Contact Person

ADVANCED BUILDERS OF FLORIDA INC.
Firm/Company

862 LANDSDOWNE DR.
Address

SEBASTIAN FL. 32958
City/State and Zip Code

TLRCONSTRUCTION@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMMY L. ROSECRANTS at (772) 404-1503
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

2010 DEC 10 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: ADVANCED BUILDERS OF FLORIDA INC.
2. The principal office address: 862 LANDSDOWNE DR.
SEBASTIAN FL. 32958
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/2018 Document number: P18000087038
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)

TOMMY L. ROSECRANTS
1301 S. CARPENTER RD.
TITUSVILLE FL. 32796

2018 DEC 10 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TOMMY L. ROSECRANTS
862 LANDSDOWNE DR.
P.O. Box NOT acceptable
SEBASTIAN FL. 32958

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

TOMMY L. ROSECRANTS PRES.
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

12/3/18
Date

If signing on behalf of an entity:

TOMMY L. ROSECRANTS
Typed or Printed Name

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