P190000 15201

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	į į
Special Instructions to Filing Officer:	
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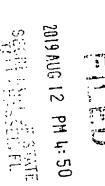




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RACH

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: MASON DIXON CONTRACTING MIT INC				
Name of Corporation				
DOCUMENT NUMBER: P19000015201				
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:				
LEO SCHEIDLER				
Name of Contact Person				
MASON DIXON CONTRACTING MIT INC				
Firm/Company				
1225 BENNETT DR				
Address				
LONGWOOD FL 32750				
City/State and Zip Code				
LEESCHEIDLER@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LEO SCHEIDLER Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cho	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florid ration organized under the laws of the State (Sice or registered agent, or both, in the State (of FLORIDA
•		DIXON CONTRACTING MIT IN	•
		NNETT DR LONGWOOD FLOF	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/1	13/2019 Document number: P19	000015201
	d street address of the current rtment of State: (If resigned,	t registered agent and registered office on file enter resigned)	with the
	DELACERDA, ELIS	SA A	
	4884 HWY 90 MAR	RIANNA FL 32446	_
	#A		2019 AUG 12 SECAS (A) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered	
	LEO SCHEIDLER		PH 4: 50
	1225 BENNETT DE		· 50
	LONGWOOD FLOR	P.O. Box NOT acceptable RIDA 32750	
The street address changed will	ess of its registered office ar	nd the street address of the business office o	f its registered agent,
Such change was	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by a has been notified in writing of the change.	m officer so
Leo ()	are of an officer or director	LEO SCHEIDLER	P
I hereby accept I further agree performance of	the appointment as register to comply with the provision my duties, and I am familia	Printed or typed name and seed agent and agree to act in this capacity, as of all statutes relative to the proper and cr with and accept the obligation of my posit erely to reflect a change in the registered of an inotified in writing of this change. 08/07/2019	omplete ion as revistered
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

08/07/2019

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Amendment Section

Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 PHONE: 850.245.6050

PLEASE SEE ENCLOSED REGISTERED AGENT CHANGES FOR THE FOLLOWING CORPORATIONS

<u>DIAMOND EXTERIORS INC</u>

P19000025618 1225 BENNETT DR, #151 LONGWOOD, FL 32750 PHONE: 407-800-5125

MASON DIXON CONTRACTING MIT INC

P19000015201 1225 BENNETT DR, #151 LONGWOOD, FL 32750 PHONE: 407-800-5125

IF ANY FURTHER OR ADDITIONAL INFORMATION IS NEEDED PLEASE CONTACT ME AT

CELL: 407-800-5125

EMAIL: <u>LEESCHEIDLER@GM</u>AIL.COM

THANK YOU LEO SCHEIDLER