17210000070658

(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:
Q. SILAS
NOV 09 2021

Office Use Only



500375560605

10/27/21--01007--009 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Adams and Rubin Fence, Inc Name of Corporation
DOCUMENT NUMBER: P2/000070658
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 Adams and Rubin Fence Inc Firm/Company 4125 49th Avenue Address Vero Beach FL 32 967 City/State and Zip Code Sure-fire 148 Byahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (172) 949 - 2038 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

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 char	provisions of sections 607.050 nge is submitted for a corpord	ation organized und	der the laws of	the State of	FLORID	
	r to change its registered offic				[°] Florida.	
	he corporation: <u>Ada</u>					
2. The principal	office address: 4125 L					
	Vero	Beach FL	32967		 	
3. The mailing ac	ddress (if different):	, ,		1.	<u>такПа/</u>	<i>~</i>
4. Date of incorp	oration/qualification: 7 (29/11 D	ocument numb	er: P2	0000 106	58 ——
	street address of the current a tment of State: (If resigned, ea		d registered off	ice on file v	with the	
	Couis &	Rubin				
	1206	8th Street				
		Beach FL	32962		77 SEC 2021	i
6. The name and (if changed):	street address of the new reg		anged) and /or	registered o	2021 OCT 27	Care .
		Rubin			PH 3: : ::	1 6 4
	4125	4945 AVENU	ce Unit 3			ا الاشت
	Vero	P.O. Box NOT acc Beach FL	329 67		- 10 TO	
The street address changed will	ss of its registered office and be identical.	I the street address	of the busines	s office of	its registered	agent,
Such change was	s authorized by resolution do e board, or the corporation h	aly adopted by its las been notified in	board of direct	ors or by a	n officer so	
LL.			Couis	_		
	e of an officer or director			yped name and	title	
I hereby accept if further agree to of my duties, and document is bein corporation has	the appointment as registere o comply with the provisions d I am familiar with and acc ng filed merely to reflect a cl been notified in writing of th	d agent and agree s of all statutes rele ept the obligation is nange in the regist his change.				
Lan To	2		Louis 1	Pubtr 1	10-21-21	1
	ature of Registered Agent		***	Date		
If signing on beh	nalf of an entity:					
Louis 1	Rubin					
Ty	ped or Printed Name					
	***F	ILING FEE: \$35.	.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)