

P26557

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110001606353ABX

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 6/16

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
SHOWE BUILDERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	234
Estimated Charge	\$35.00

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11 JUN 16 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Corporate Filing Menu

Help

PAChang
06-17-11
6/16/2011



June 16, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHOWE BUILDERS, INC.
45 N 4TH STREET
SUITE 200
COLUMBUS, OH 43215

SUBJECT: SHOWE BUILDERS, INC.
REF: P26557

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000160635
Letter Number: 311A00014732

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Showe Builders, Inc.
Name of Corporation

DOCUMENT NUMBER: P26557

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:

Andrew E. Showe
Name of Contact Person

Showe Management Corporation
Firm/Company

43 N. Fourth St., Suite 200
Address

Columbus, OH 43215
City/State and Zip Code

mperman@showemgmt.com; ashowe@showemgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Perman at (614) 481-8106 x105
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

CR2E045 (R/03)

**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 OHIO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Showe Builders, Inc.
2. The principal office address: 45 N. Fourth Street, Suite 200, Columbus, OH 43215
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/1989 Document number: P26557
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)

resigned

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Andrew E. Showe 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.)

C T Corporation System
By [Signature]
Signature of Registered Agent

6-15-2011

Date

If signing on behalf of an entity:

Diane Stout, Asst. Secretary

Typed or Printed Name

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

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