

P36709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

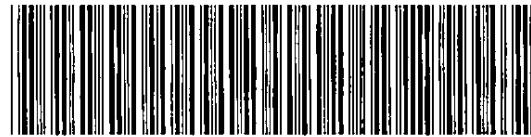
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 29 2017
S. YOUNG

16 JUN 2017 10:00

17 JUN 2017 9:36

2017-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

JENNIFER DI GIERONIMO
INDEPENDENCE EXCAVATION, INC.
5720 E SCHAAF ROAD
INDEPENDENCE, OH 44131

SUBJECT: INDEPENDENCE EXCAVATING, INC.
Ref. Number: P36709

We have received your document for INDEPENDENCE EXCAVATING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 217A00011277

17 JUN 09 02:00 PM

TALLAHASSEE, FLORIDA

17 JUN 09 10:09 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independence Excavating Inc.
Name of Corporation

DOCUMENT NUMBER: P36709

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:

Jennifer Di Gerontimo
Name of Contact Person

Independence Excavating Inc.
Firm/Company

5720 E. Schauf Rd.
Address

Independence, Oh 44131
City/State and Zip Code

SKirth@indexc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Kirth at (216) 446-3522
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

**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: Independence Excavating, Inc.
2. The principal office address: 5720 E. Schaaf Rd. Independence Oh 44131

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/28/1964 Document number: P 36 709

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)

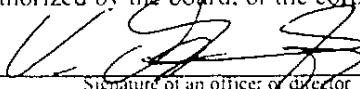
Registered Agent Solutions
155 Office Plaza Dr., Ste. A
Tallahassee, FL 32301

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

Victor Digeronimo
1150 Duncan Rd.
P.O. Box NOT acceptable
Punta Gorda, FL 33982

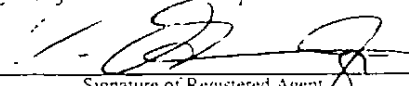
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Victor Digeronimo Jr.
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 of Registered Agent

6/27/17
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)