

P93 000056621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

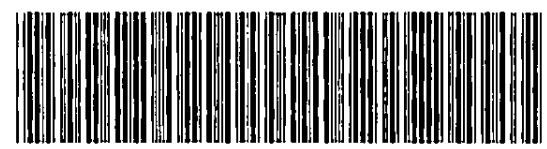
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 04 2019
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coreslab Structures (Orlando) Inc.
Name of Corporation

DOCUMENT NUMBER: P93000056621

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:

Linda Vasseur
Name of Contact Person

Coreslab Structures (Orlando) Inc.
Firm/Company

2720 County Road
Address

Okahumpka, FL 34762
City/State and Zip Code

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

For further information concerning this matter, please call:

Linda Vasseur at (352) 436-1922
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

ENTERED MAR 00 2019

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 32304

RECEIVED

ASDC
3/11/19

MAR 11

Vendor # _____
G/L # 5222-70
Approval [Signature]
CORESLAB Orlando [Signature]

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: Coreslab Structures (Orlando) Inc.
2. The principal office address: 2720 CR 470 Okahumpka, FL 34762
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/12/1993 Document number: P93000056621

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)

Salvo, Lenny Eric - Name spelled wrong

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

Leonard G. Salvo

2720 CR 470

P.O. Box NOT acceptable

Okahumpka, FL 34762

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

Eric J. Pierce/VP/General Manager

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

3/6/19

Date

If signing on behalf of an entity:

JERIC PIERCE
Typed or Printed Name

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