

P93 0000 56 6Z1

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

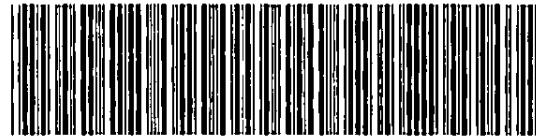
(Business Entity Name)

(Document Number)

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19 MAR 25 PM 6:19  
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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

Name of Contact Person

at ( 352 ) 436-1922

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 32304

ENTERED MAR 00 2019

**RECEIVED**

MAR 11

CR2E045 (03/12)

Vendor # \_\_\_\_\_  
G/L # 5222-70  
Approval ASDC  
CORESLAB Orlando re

**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

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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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