

P94000017610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

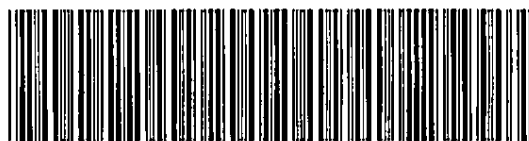
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600351593616

03/04/20--01025--004 **35.00

FILED

2020 SEP -4 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FL

JR 10/15/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Siebein Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: P94000017610

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:

Rita Siebein

Name of Contact Person

Siebein Associates, Inc.

Firm/Company

625 NW 60th Street, Suite C

Address

Gainesville, FL 32607

City/State and Zip Code

rsiebein@siebeinacoustic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Siebein or Gary Siebein

Name of Contact Person

at (352)

331-5111 x 16

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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: Siebein Associates, Inc.
2. The principal office address: 625 NW 60th Street, Suite C, Gainesville, FL 32607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 1, 1994 Document number: P94000017610
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)

Gary W. Siebein

625 NW 60th Street, Suite C

Gainesville, FL 32607

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

Rita A. Siebein

625 NW 60th Street, Suite C

P.O. Box NOT acceptable

Gainesville, FL 32607

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -4 AM 10:12

FILED

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.

Gary W. Siebein
Signature of an officer or director

Gary W. Siebein

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.

Rita A. Siebein
Signature of Registered Agent

September 1, 2020

Date

If signing on behalf of an entity:

Rita A. Siebein

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 (04/13)