## P94000027118

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## · COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Griffin Stucco, Inc Name of Corporation	,
DOCUMENT NUMBER: P94000027118	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Linda Hoag	
Name of Contact Person	
Griffin Stucco, Inc	
Firm/Company	
6903 Vista Parkway N Ste 4	<u> </u>
Address	
West Palm Beach, Fl 33411	
City/State and Zip Code	
lhoag@griffinstucco.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Linda Hoag	at (561 ) 689-9433
Name of Contact Person	at (561 )689-9433  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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida Statutes organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: Griffin Stucco. Inc			
	office address: 6903 Vista Parkway N	N Ste 4. West Palm Beach Fl 33411		
_	ddress (if different):			
4. Date of incorp	poration/qualification: 04/05/94	Document number: P94000027118		
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Derrick Griffin			
	6903 Vista Parkway N Ste 4	TĂLI	2023	
	West Palm Beach, Fl 33411	Alla	2023 SEP	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	26 PH:	
	Linda Hoag		ઝ છ	
	6903 Vista Parkway N Ste 4	Ü A	0	
	P.O. Box NOT acceptable			
	West Palm Beach, FI 33411			
The street addre as changed will	ess of its registered office and the s be identical.	street address of the business office of its regist	tered agent.	
Such change wa authorized by the	is authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer en notified in writing of the change.	so	
( )	Jenich Gyfin	Derrick Griffin		
Signatur	V	Printed or typed name and title		
I further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of all all am familiar with and accept thing filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete pe e obligation of my position as registered agent in the registered office address, I hereby confi ange.	performance t, Or, if this irm that the	
thin	10HOW	8/30/23		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	rped or Printed Name			

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