P94000048914

Requestor's Name

MOODY

Fabrication & Machine, Inc. PO Box 331010 Atlantic Beach, FL 32233-1010

Other

40002861094--3 -05/03/99--01142--010 ******35.00 ******35.00 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| | ; 1. | | | | | | | | |
|-------------|--|----------------|-------------|----------------------|--|-------------|--------------|--------|-------------|
| | <u> </u> | (Corporatio | n Name) | | (Document #) | | | · | |
| | 2. | | | | | | | 99 | |
| | | (Corporatio | n Name) | | (Document #) | | | | |
| | 3. | | | | | | 3 | | 2 % |
| (Corp. | | (Corporatio | n Name) | | (Document #) | | တို့သို့ ထဲ | | |
| | 4. | | | | | | rio. | \geq | |
| | | (Corporation | n Name) | | (Documer | nt #) | 55 | 0: 25 | |
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| | ☐ Walk in | ☐ Pi | ck up time | | _ [| Certified C | opy | | |
| | ☐ Mail out | J | | Photocopy | _ | Certificate | of Status | | |
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| | NEW FILINGS. | | AMENI | DMENTS | | | | | |
| | Profit | | Amendme | nt | | | | | |
| | NonProfit | | Resignatio | n of R.A., Officer/D | irector | | | | |
| | Limited Liability | | Change of | Registered Agent | | | | | |
| | Domestication | | | n/Withdrawal | | | | | |
| | Other | | Merger | | | | | | |
| | | | 1 222-841 | | | 1 | | | |
| | OTHER FILING | GS T | REGI | STRATION/ | 00 | hord | | | |
| | Annual Report | | | LIFICATION | 6 | | | | |
| | Fictitious Name | | Foreign | |] ′ | My> | | | |
| ! | Name Reservation | | Limited Pa | rtnership | 1 | • | ± . | • | |
| | Ivalie Reservation | | Reinstaten | nent | 1 | | • | | |
| | | | Trademark | | 1 | | • | | |

Examiner's Initials

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

| | provisions of sections 607.0502, 617 poration organized under the laws o | | , Florida Statutes, the |
|---|---|--|---|
| submits the follo | wing statement in order to change it | | l agent, or both, in the |
| State of Florida. | • • | | |
| 1. The name of the | he corporation is: Moody Fa | brication & Machine, | Inc. |
| | <u> </u> | <u> </u> | <u> </u> |
| 2. The mailing ac | ddress of the corporation is: 465 | 2 Phillips Highway | - 1 71 = |
| | Jac | ksonville, Florida 3 | 2207 |
| 3. Date of incorp | poration/qualification: 06-30-9 | Document number: | P94000048914 |
| 4. The name and | address of the current registered age | nt and office: | |
| | James R. Tompkins | | 5 6 |
| | 4652 Phillips High | way | SECRETARY SECONDARY |
| | Jacksonville, Fl | 32207 | 7 - 3 - 3 - S |
| 5. The name and | address of the new registered agent : | and office: (P. O. Box Not Acc | |
| | Kenneth R. Miller | in the second se | epiaoleyi of SI |
| | 4652 Phillips High | way | i 25 |
| | Jacksonville, FL | 32207 | > |
| The street addres | ss of its registered office and the st d, will be identical. | reet address of the business of | ffice of its registered |
| | s authorized by resolution duly add e board. | | |
| (6: | the defect | 4- | 22-99 |
| (Signature of | f an officer, chairman or vice chairman of the | e board) | (Date) |
| M. D. Mood | dy, III Director (Printed or typed name and title) | The second secon | |
| Having been nan corporation, I he I further agree to performance of n registered agent. | ned as registered agent and to accepted a scent appointment as resourced with the provisions of all my duties, and I am familiar with a | ept service of process for the a gistered agent and agree to a statutes relative to the proper nd accept the obligation of m | above stated ct in this capacity. and complete y position as |
| Lamei | tel welle | 4/22/99 | |
| // (Sig | mature of Registered Agent) | (Date) | 4 |
| If signing on behalf | of an entity: | | |
| | | | en e |
| (1) | ped or Printed Name) | (Capacity) | · · |

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