

(Pe	questor's Name)			
(110	questor s manne)			
(Ad	dress)			
•	,			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(P.)	siness Entity Nan	no)		
(bu	Siness Entity Nan	ne)		
(Document Number)				
•	,			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



700319747967

10/17/18-+01039++005 **35.00

2018 OCT 16 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FL

racrof

R. WHITE 00T 2 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations					
	DULEY CORPORATION				
SUBJ	ECT: Name of Corporation				
	P95000089860				
DOC	UMENT NUMBER:				
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	RAYMOND E. DULEY				
	Name of Contact Person				
	ANGEL ELECTRIC				
	Firm/Company				
	682 N. KENSINGTON AVE.				
	Address				
LECANTO, FL. 34461					
City/State and Zip Code					
	raymondduley@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
raym	ond duley 561 649-1165				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Street Address: Amendment Section Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

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

Pursuant to the statement of che	provisions of sections 607.0502, 617.05 mge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida mized under the laws of the State of	Statutes, this Florida
in orde	er to change its registered office or regis	tered agent, or both, in the State of	Florida.
	the corporation: 682 N. KENSINGTO	NTION ON AVE. LECANTO, FL. 3446	31
3. The mailing a	eddress (if different): P.O. BOX 1835	, INVERNESS, FL. 34450	
4. Date of incorporation/qualification: 11/27/1995 Document number: P950		0089860	
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file w	2018 OCT I
	RAYMOND E. DULEY		o tipe on 🖡
	3230 KARL RD.	· · · · · · · · · · · · · · · · · · ·	SSS PR
	WEST PALM BEACH, FL. 3260	06	3: 06
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered of	•
	RAYMOND E. DULEY		
	682 N. KENSINGTON AVE.		•
	LECANTO, FL. 34461	T acceptable	
The street addre	ess of its registered office and the street	t address of the business office of it	ts registered agent.
Such change was	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so
Minn	al Fill lefen	PRESIDENT	
Signard	re ovan others of director	Printed or typed name and tit	le
-I further agree i -performance of	the appointment as registered agent ar to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to ref that the corporation has been notified i	tutes relative to the proper and con accent the oblivation of my position	n as registered
Juan	Marin Sel	07 OCTOBER 2018	
Sig	nature of Registered Agent	Date	
It signing on be	half of an entity:		
RAYMOND E	E. DULEY		
T	yped or Printed Name		

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