

P91000049464

(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



400276435804

08/26/15---01005---003 **35.00

1117
15 AUG 26 AM 5:28
TALLAHASSEE, FLORIDA

RA Chg

AUG 27 2015

10:11:12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Everlast Drywall Construction, Inc
Name of Corporation

DOCUMENT NUMBER: P96000049464

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:

Caesar Bacarella

Name of Contact Person

Everlast Drywall Construction, Inc

Firm/Company

4350 NW 19 Avenue, Suite C

Address

Deerfield Beach, FL 33064

City/State and Zip Code

aldysb@everlastdrywall.com

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

For further information concerning this matter, please call:

Aldys Bacarella

Name of Contact Person

at (954) 935-6868

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 32301

**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: Everlast Drywall Construction, Inc
2. The principal office address: 4350 NW 19 Avenue, Suite C
Deerfield Beach, FL 33064
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 6/11/1996 Document number: P96000049464

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)

Caesar Bacarella

7080 Long Leaf Drive

Parkland, FL 33076

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

Caesar Bacarella

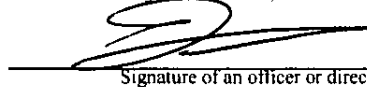
4350 NW 19 Avenue, Suite C

P.O. Box NOT acceptable

Deerfield Beach, FL 33064

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

Caesar Bacarella, President

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

08/20/2015

Date

If signing on behalf of an entity:

Caesar Bacarella

Typed or Printed Name

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