

P9600073743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

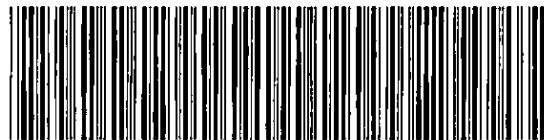
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08/28/23--01021--002 **35.00

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23 AUG 28 AM 8:48
CLERK OF COURT
JULIA A. GIBSON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Michigan Contractors, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000073743

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:

Joseph Walsh

Name of Contact Person

Lake Michigan Contractors, Inc

Firm/Company

P O Box 1473

Address

Holland MI 49422

City/State and Zip Code

mvandyke@gatewayquestllc.com

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

For further information concerning this matter, please call:

Mary VanDyke

Name of Contact Person

at (616) 392-2958

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**

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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: Lake Michigan Contractors, Inc.

2. The principal office address: 482 Century Lane Suite 40 Holland MI 49423

3. The mailing address (if different): P O Box 1473 Holland MI 49422

4. Date of incorporation/qualification: 09/05/1996 Document number: P9600073743

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)

Joseph Walsh

89151 Old Highway

Tavernier FL 34956-3288

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

Joseph Walsh

15170 SW Myrtle Drive

P.O. Box NOT acceptable

Indiantown FL 34956

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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.

Mary Van Dyke
Signature of an officer or director

Mary Van Dyke, Director

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.

Joseph Walsh
Signature of Registered Agent

08/10/23
Date

If signing on behalf of an entity:

Joseph Walsh

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