

PA 600076985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

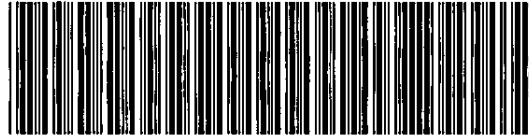
(Business Entity Name)

(Document Number)

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CITY  
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**Figure 1**

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R. WHITE

**Mark R. Komray, Esq.**

*Attorney & Counselor at Law*

1882 N. Tamiami Trail #3434

Fort Myers, Florida 33918

Direct Phone: 239-244-2245 & E-Mail: [mrk@komraylaw.com](mailto:mrk@komraylaw.com)

Admitted to Practice:  
Florida & Georgia &  
Supreme Court of United States of America

Florida Supreme Court  
Certified County & Civil Mediator

October 7<sup>th</sup>, 2015

*Via FedEx Priority Overnight; Tracking No.: 7746 8132 0078*

**Amendment Section**

ATTN: Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*RE: Submission to Amend Registered Agent  
Youngquist Brothers Rock, Inc.  
Document No. P96000076985*

Dear Florida Department of State- Division of Corporations;

Please find the following documents enclosed, for the submission of amendment of Registered Agent for the corporation *Youngquist Brothers Rock, Inc.*:

ARTICLE OF AMENDMENT "YOUNGQUIST BROTHERS OIL & GAS, APPALACHIA, INC."		
Document	Pages	Date
AMENDMENT REGISTERED AGENT CHANGE FORM [EXECUTED]	2 PGS	OCTOBER 7 <sup>TH</sup> , 2015
FILING FEE- CHECK ENCLOSED FOR \$35.00 CHECK NO.: <u>xx 42080</u>	1 ENVELOPE	OCTOBER 7 <sup>TH</sup> , 2015

As always, if there are any questions or concerns, please do not hesitate to contact me.

Respectfully,



Kaylie Komray  
LEGAL ASSISTANT  
[KSK@KOMRAYLAW.COM](mailto:KSK@KOMRAYLAW.COM)

ENC: As Stated.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** YOUNGQUIST BROTHERS ROCK, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P96000076985

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:

MARK R. KOMRAY, ESQ.  
Name of Contact Person

Firm/Company  
15465 PINE RIDGE ROAD  
Address

FORT MYERS, FLORIDA 33908  
City/State and Zip Code

MRK@KOMRAYLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK KOMRAY at (239) 244-2245  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: YOUNGQUIST BROTHERS ROCK, INC.  
2. The principal office address: 15401 ALICO ROAD, FORT MYERS, FLORIDA 33913

3. The mailing address (if different): 15401 ALICO ROAD, FORT MYERS, FLORIDA 33913

4. Date of incorporation/qualification: 10/7/15 Document number: P96000076985

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)

RICHARD FRIDAY  
15465 PINE RIDGE ROAD  
FORT MYERS, FLORIDA 33908

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

TIMOTHY YOUNGQUIST  
15465 PINE RIDGE ROAD  
P.O. Box NOT acceptable  
FORT MYERS, FLORIDA 33908

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

TIMOTHY YOUNGQUIST, PSD  
\_\_\_\_\_  
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

10/7/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

TIMOTHY YOUNGQUIST  
\_\_\_\_\_  
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  
CR2E045 (03/12)