

P96006102424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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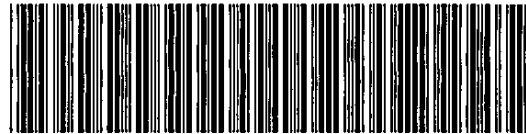
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Thew's

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVERETTE Leavins Sr. Well Drilling Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000102424

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:

Everette Leavins Sr.
(Name of Contact Person)

Everette Leavins Sr. Well Drilling Inc.
(Firm/Company)

1239 Leavins Rd.
(Address)

Westville, Fl. 32464
(City/State and Zip Code)

For further information concerning this matter, please call:

Everette Leavins Sr. at (850) 956-2122
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2006

EVERETTE LEAVINS SR.
EVERETTE LEAVINS SR. WELL DRILLING, INC.
1239 LEAVINS ROAD
WESTVILLE, FL 32464

SUBJECT: EVERETTE LEAVINS SR. WELL DRILLING, INC.
Ref. Number: P96000102424

We have received your document for EVERETTE LEAVINS SR. WELL DRILLING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 806A00054272

RECEIVED
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DIVISION OF CORPORATIONS

**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: Everette Leavins Sr. Well Drilling Inc.
2. The principal office address: 1239 Leavins Rd.
Westville, Fl. 32464
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-18-96 Document number: P96000102424
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Everette Leavins Sr.

1239 Leavins Rd.

WESTVILLE, Fl. 32464

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

Joseph Todd Leavins

1239 Leavins Rd.

(P.O. Box NOT acceptable)

Westville, Fl. 32464

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.

Everette Leavins Sr.
(Signature of an officer or director)

Everette Leavins Sr.
(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.

Todd Leavins
(Signature of Registered Agent)

8-25-2006

(Date)

If signing on behalf of an entity:

TODD LEAVINS
(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 (8/05)

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TALLAHASSEE, FLORIDA