

PA7000005472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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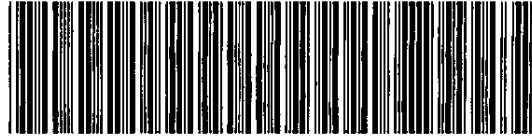
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KERWICK AND CURRAN INC. OF FLORIDA  
Name of Corporation

**DOCUMENT NUMBER:** P97000005472

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:

**JODY MOUA**

Name of Contact Person

**PARACORP INCORPORATED**

Firm/Company

**PO BOX 160568**

Address

**SACRAMENTO, CA 95816**

City/State and Zip Code

**paracorpsac@myparacorp.com**

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

For further information concerning this matter, please call:

**JODY MOUA**

Name of Contact Person

at **(800) 533-7272**

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

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: December 16, 2015

AE: Jody Moua

TO: Florida Department of State

H1080

REFERENCE: 933987

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**KERWICK AND CURRAN INC. OF FLORIDA**

**Change of Registered Agent**

**IN: FL**

SPECIAL INSTRUCTIONS:

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

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TALLAHASSEE, FLORIDA

**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: KERWICK AND CURRAN INC. OF FLORIDA
2. The principal office address: 18645 Worthington Road  
Hudson, FL 34667
3. The mailing address (if different): 18645 Worthington Road  
Hudson, FL 34667
4. Date of incorporation/qualification: 01/17/1997 Document number: P97000005472
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)

HAUCK, CHARLES PJR

18645 Worthington Road

Hudson, FL 34667

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

JOSEPH DAVIS, 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.*

Sharon Cooke  
\_\_\_\_\_  
Signature of Registered Agent

12/8/2015

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Sharon Cooke, Asst. Secretary, Paracorp Incorporated

\_\_\_\_\_  
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)

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