

P97000103082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

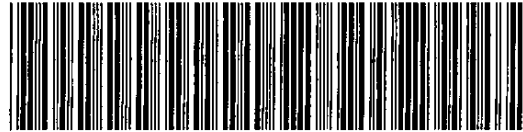
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*RA change
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05/09/06--01036--007 **35.00

FILED
06 MAY 31 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chg.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIDNIGHT CONTROL SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P97000103082

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:

TROY C. DUFF
(Name of Contact Person)

MIDNIGHT CONTROL SERVICES INC.
(Firm/Company)

1670 N. HERCULES AVE, J
(Address)

CLEARWATER FL 33765-1958
(City/State and Zip Code)

For further information concerning this matter, please call:

TROY C. DUFF at (727) 781-1465
(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

May 16, 2006

TROY C. DUFF
1670 N. HERCULES AVE., J
CLEARWATER, FL 33765-1958

SUBJECT: MIDNIGHT CONTROL SERVICES, INC.
Ref. Number: P97000103082

We have received your document for MIDNIGHT CONTROL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 506A00034483

RECEIVED
MAY 31 AM 8:00
DIVISION OF CORPORATIONS
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: MIDNIGHT CONTROL SERVICES, INC.
2. The principal office address: 1670 N. HERCULES AVE, J
CLEARWATER, FL 33765
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/5/1997 Document number: P97000103082

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

TROY C. DUFF
1670 N. HERCULES AVE, J
(P.O. Box NOT acceptable)
CLEARWATER, FL 33765

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

TROY C. DUFF 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]
(Signature of Registered Agent)

MAY 19, 2006
(Date)

If signing on behalf of an entity:

[Signature]
(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)