

P-98000042679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

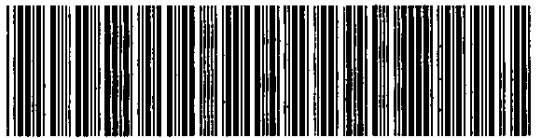
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500163761185

02/18/10--01011--004 **35.00

Ro ch

FILED
10 FEB 18 AM 11:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCANDINAVIAN BOILER REPAIR, INC.
Name of Corporation

DOCUMENT NUMBER: P98000042679

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:

JAN R. GIVSKOV

Name of Contact Person

SCANDINAVIAN BOILER REPAIR, INC.

Firm/Company

512 SE 32ND STREET

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

JRG@SBS-US.COM

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

For further information concerning this matter, please call:

JAN R. GIVSKOV

Name of Contact Person

at (954) 763-7375
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCANDINAVIAN BOILER REPAIR, INC.
2. The principal office address: 512 SE 32ND STREET, FORT LAUDERDALE, FL 33316
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 05/12/1998 Document number: P98000042679

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)

NOTE: WRONG ZIP CODE (FL 33316) JAN R. GIVSKOV
1010 Seminole Drive #1707
Fort Lauderdale, FL 33316

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

JAN R. GIVSKOV

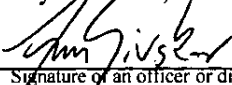
1010 SEMINOLE DRIVE, #1707

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33304

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

JAN R. GIVSKOV
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

FEBRUARY 16TH, 2010
Date

If signing on behalf of an entity:

N/A
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)

FILED
10 FEB 18 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA