P99000025952

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/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



900240477569

10/17/12--01006--026 **35.00



Ron

OCT 1 8 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Diversified Field Services Inc

Name of Corporation

DOCUMENT NUMBER: P99000025952

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:

Charles L.Griffith

Name of Contact Person

Diversified Field Services Inc

Firm/Company

33043 Palm Lane

Address

Leesburg Florida 34788

City/State and Zip Code

toms@lakecountycpa.com

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

For further information concerning this matter, please call:

Charles L. Griffith

.,407

257-7802

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Flow organized under the laws of the Stat registered agent, or both, in the State	e of Florida
1. The name of t	he corporation: Diversified Fie	eld Services, Inc.	
2. The principal	office address: 33043 Palm La	ane Leesburg, FL 34788	3
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3-11-99	Document number: P9	9000025952
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on fi esigned)	ile with the
	James E. Davis		
	3848 Killearn Ct.		2 OC
	Tallahassee, FL 32309	•	FIL T17
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registere	FILED POCT 17 AH 10: LLAH SSA Ced office IA
	Charles L. Griffith		
	33043 Palm Lane		
	Leesburg, FL 34788	ox NOT acceptable	
The street addre	ss of its registered office and the s	street address of the business office	of its registered agent,
_		opted by its board of directors or be en notified in writing of the change	
Cherry Sugnatur	est appender of effector 10/11/80	OIZ Charles L. Griffith	VICE PRESIDEN
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with the	nt and agree to act in this capacity I statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered	i i complete sition as registered
\times		*	
	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *