(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	 		
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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COVER LETTER

TO: Amendment Section Division of Corporations

SURJECT: Change of Registered Agent's Address

Name of Corporation

DOCUMENT NUMBER, P99000

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:

Nora M. Evans

Name of Contact Person

Evans Contracting Services, Inc.

Firm/Company

320 Foxtail Ave.

Address

Middleburg, FL 32068

City/State and Zip Code

jetree1@bellsouth.net

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

For further information concerning this matter, please call:

Nora M. Evans

,904 \2

282-0155

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo unge is submitted for a corporation organized under the laws of the Stat or to change its registered office or registered agent, or both, in the Stat	te of	Florida	· ·	
1. The name of t	the corporation: Evans Contracting Services, Inc.				
2. The principal	office address: 320 Foxtail Ave. rg, FL 32068				
3. The mailing a	address (if different): Same				
4. Date of incorporation/qualification: 6-28-1999 Document number: P99000058803					
	d street address of the current registered agent and registered office on friment of State: (If resigned, enter resigned)	file with the	е		
	Nora M. Evans				
	320 Foxtail Ave.		15	SEC	
Middleburg, FL 32068			HAY 15	RETA	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or register	ed office	15 AH II: 5	SSEE FL	
	Nora M. Evans		<u>.</u>	TATE ORID	
	1830 North University Drive # 271			P	
	P.O. Box NOT acceptable Plantation, FL 33322				
The street addre	ess of its registered office and the street address of the business office be identical.	of its regi	istered	agent,	
	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change		er so		
Wora I		Nora M. Evans: Vice President			
I hereby accept I further agree i	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and my duties, and I am familiar with and accept the obligation of my pois document is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.	y. d complete osition as r	egister Iress, i	red I	
Nora J	5-14-2015				
	nature of Registered Agent Date		. —		
	chalf of an entity:				
Nora M. Ev	yped or Printed Name				

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