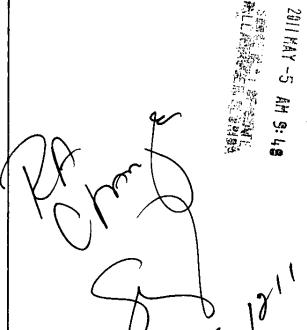
(Requestor's Name)				
(Address)	000207154130			
(Address) (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	05/05/1101013019 **35.00			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	2011 KAY -5			
Special Instructions to Filing Officer:				

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## **COVER LETTER**

TO:	Amendment Section Division of Corporation	S			
SUBJE	сст: Lir	dback Construc	ction Compa	any	
		Name of C	crporation		
DOCU	MENT NUMBER:		S06987		
The end	closed Statement of Chan	ge of Registered Offic	e/Agent and fee	e are submitte	ed for filing.
Please	return all correspondence	concerning this matte	er to the following	ng:	
		Carl Line	dback, III		
		Name of Co	ontact Person		
			Construction		
		Firm/C	ompany		
		0400 0	4-1- Di -4- 40		
	- p. 1		dale Blvd. #8 Iress	5	
		Clearwater	, FL 33765		
	<del></del>	City/State a	nd Zip Code		
		coralreef456(	തvahoo.com		
	E-mail addr	ess: (to be used for	future annual r	eport notific	cation)
For fur	ther information concerni	ng this matter, please	call:		
	Carl Lindb	ack	305	,	522-2718
	Name of Contact		Area Co	de & Daytim	522-2718 te Telephone Number
Enclose	ed is a \$35.00 check made	e payable to the Depar	rtment of State.		
	Mailine	Address	Stra	ot Address.	
	<u>ivianing</u> Amend	Address: ment Section	Ame	<u>et Address:</u> endment Sec	tion
		n of Corporations		ision of Cor	
		ox 6327		ton Building	
		ssee FI 32314			Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinger is submitted for a corporation organized under the laws of the State of $\frac{Flo}{Flo}$ to change its registered office or registered agent, or both, in the State of Flor	orida
1. The name of the	he corporation: Lindback Construction Company	
	office address: 2120 Sunnydale Blvd. #8 Clearwater, FL 33765	
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 9-28-1990 Document number:	S06987
	street address of the current registered agent and registered office on file with trment of State: (If resigned, enter resigned)	:he
	Carl Lindback	
	1497 Main Street Suite 162	2 <u>1</u>
	Dunedin, FL 34698	ZOLI NAY
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	-5 AH 9:1
	2120 Sunnydale Blvd. #8	100 mm
	P.O. Box NOT acceptable  Clearwater, FL 33765	
The street address changed will	ss of its registered office and the street address of the business office of its r be identical.	egistered agent,
	authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	
Signature	Carl Lindback, Pre e of an officer or director  Carl Lindback, Pre Printed or typed name and title	<u>s.                                    </u>
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complet I am familiar with and accept the obligation of my position as registered and fitted merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	ete performance igent. Or, if this confirm that the
Carlo	4-23-2011	
If signing on bel	nature of Registered Agent Date  Date	
	Carl Lindback  rped or Printed Name	

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