

V 30747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

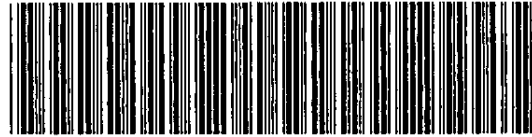
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 13 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pierce Roofing of Central Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: V30747

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:

Blaine Pierce

Name of Contact Person

Pierce Roofing of Central Florida, Inc.

Firm/Company

31339 Saunders Drive

Address

Tavares, Florida 32778

City/State and Zip Code

bzproofing@hotmail.com

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

For further information concerning this matter, please call:

Blaine Pierce

Name of Contact Person

at (**407**) **467-3232**

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: Pierce Roofing of Central Florida, Inc.
2. The principal office address: 31339 Saunders Drive, Tavares, Florida 32778
3. The mailing address (if different): Post Office Box 540291, Orlando, Florida 32854
4. Date of incorporation/qualification: 04/29/1996 Document number: V30747
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)

John M. McCormick

501 East Church Street

Orlando, Florida 32801

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

Shipley Law Firm

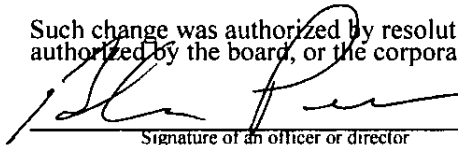
20110-A U.S. Highway 441

P.O. Box NOT acceptable

Mount Dora, Florida 32757

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.

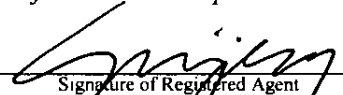


Signature of an officer or director

Blaine Pierce, 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 of Registered Agent

4-5-2017

Date

If signing on behalf of an entity:

Christopher J. Shipley

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