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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
• (Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

RA. Chang

C.COULLIETTE

MAY 1 2 2009

EXAMINER

· COVER LETTER

Division of Corporations
SUBJECT: Daniel Insulation (Name of Corporation)
DOCUMENT NUMBER:
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:
Christopher C. Ferguson. (Name of Contact Person)
Christopher C. Ferguson, P.A. (Firm/Company)
776 Second Avenue South (Address)
St. Petersburg, Fl. 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
Tan Danie at (72) 573-890 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

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: Daniel Trisulation Fig.
2. The principal office address: 13950 Daniel Daice.
Cleanocater, Fl. 28762
3. The mailing address (if different): YON VOX 730
Pinellas Park, Fl. 33780
4. Date of incorporation/qualification:
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)
Christopher C. Ferguson, P.A.
1- Beach Drive S.E. Suite 2055 3
St. Petersburg. Fl. 38701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Christopher C. Ferguson, P.A. 35
TO Second Avenue South (P.O. Box NOT acceptable)
St. Petersburg, Fl. 33701
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 of director) Tour Danie 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 torporation has been notified in writing of this change. Signature of Registered Agenty If signing on behalf of an entity:
(Typed or Printed Name)

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