

V 48940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

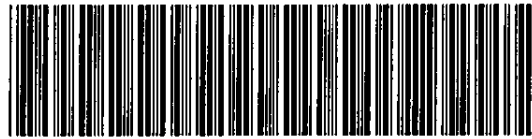
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

07 APR 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R-A. Change

C. Gouletto APR 20 2007

CLIFFORD R. OPP JR. P.A.

ATTORNEY AT LAW

Courtyard Square – Suite 201
1001 East Baker Street
Plant City, FL 33563-3700
(813) 707-8500/Facsimile: (813) 707-8030
Email: Oppeal@verizon.net

April 16, 2007

Division of Corporations
Attention: Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: William J. Hoge, Jr., Inc.
Document No: V48940

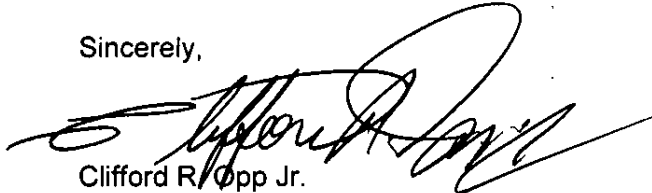
Dear Sir or Madam:

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:

Clifford R. Opp, Jr., Esquire
Clifford R. Opp, Jr., P.A.
1001 E. Baker Street
Plant City, Florida 33563

Should you require any additional information concerning this matter, please call Gwen.

Sincerely,



Clifford R. Opp Jr.

Encl: Statement of Change of Registered Office/Agent
Check in the amount of \$35.00
cc: William J. Hoge, Jr.

G:\corporation\william.hoge\dep.state.

**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: WILLIAM J. HOGE, JR., INC.
2. The principal office address: 116 WEST BLOOMINGDALE AVENUE, BRANDON, FLORIDA 33511
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/1992 Document number: V48940
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MITCHELL M. NEWMAN

400 N. TAMPA STREET, SUITE 2900

TAMPA, FL 33602

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

CLIFFORD R. OPP, JR. ESQUIRE

1001 E. BAKER STREET, SUITE 201

(P.O. Box NOT acceptable)

PLANT CITY, FL 33563

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

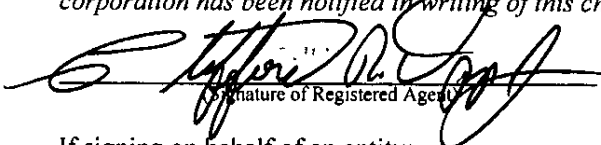
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

WILLIAM J. HOGE, JR.

(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)

4/16/2007
(Date)

If signing on behalf of an entity:

(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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA

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