

V55243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

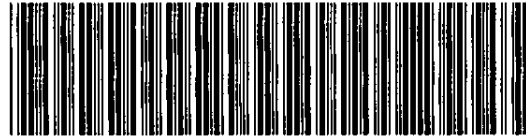
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RACchange

OCT 10 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BESTWAY PORTABLE BUILDINGS, INC  
Name of Corporation

**DOCUMENT NUMBER:** V55243

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:

JASON ALAN MOULDER

Name of Contact Person

BESTWAY PORTABLE BUILDINGS, INC

Firm/Company

2919 N HWY 231

Address

PANAMA CITY, FL 32405

City/State and Zip Code

AJW4667@YAHOO.COM

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

For further information concerning this matter, please call:

JASON MOULDER

Name of Contact Person

at ( 850 ) 747-1984

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: BESTWAY PORTABLE BUILDINGS, INC.
2. The principal office address: 2919 N HWY 231 PANAMA CITY, FL 32405
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: V55243
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)

MIKE D KOPPEL      RESIGNED

2815 EAST 15TH ST

PANAMA CITY, FL 32405

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

JASON ALAN MOULDER

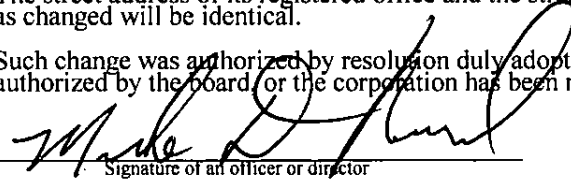
2919 N HWY 231

P.O. Box NOT acceptable

PANAMA CITY, FL 32405

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

MIKE D KOPPEL

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

JASON ALAN MOULDER

Date

10/4/12

If signing on behalf of an entity:

JASON ALAN MOULDER

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 (03/12)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT -9 PM 4:08

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