Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE CONTRACTORSHEAVEN.COM, INC.

банания на напринательностью на направительностью на направительностью на направительностью на направительностью н		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	r a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of KY red agent, or both, in the State of Florida.
1. The name of the corporation: CO	ONTRACTORSHEA	VEN.COM, INC.
2. The principal office address: 126 Louisville KY 40253-6089	11 Townepark Way	
3. The mailing address (if different)	:	
4. Date of incorporation/qualification	on: 3/21/2008	Document number: F08000001274
5. The name and street address of the Florida Department of State:	ne current registered ag	ent and registered office on file with the
CT Corporation	System	
1200 South Pine	1200 South Pine Island Road	
Plantation Fl 48	083	至21日
6. The name and street address of the (if changed):	ne new registered agent	(if changed) and /or registered of lice 12.33
Corporation Ser	vice Company	
1201 Hays Street		
Tallahassee, FL	(P.O. Box NOT acceptable)	
		address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the con	solution duly adopted poration has been not	by its board of directors or by an officer so ified in writing of the change.
Mauren arther		Maureen Cathell, Vice President
of my duties, and I am familiar wi	s registered agent and provisions of all statu th and accept the oblig reflect a change in the riting of this change.	(Printed or typed name and tute) I agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
By: Work to Kinby		March 13, 2012
(Signature of Registered Age If signing on behalf of an entity: Grace E. Kirby, Assistant Vice		(Date)
(Typed or Printed Name)		•