670003

(Re	equestor's Name)	
(Ac	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OXICI & Brannon Construction Consultants, Inc. (Name of corporation)
DOCUMENT NUMBER: 676003
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:
Juhn L. Dxlcy (Name of contact person)
Oxley & Brannon Construction Consultants, Inc.
445 Central Avenue, Surt 200 (Address)
St. Actershurg, Florida 33701 (CityIstate and zip code)
For further information concerning this matter, please call:
Tohn R. Oxley (Name of contact person) at (#27, 89-9198) (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 409 E. Gaines Street Tallahassee, FL 32399

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 $Pliy Mu$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OxICU & Brannon Construction Consultants, Inc.
2. The principal office address: 475 CENTRAL AVENUE, SUITE 200 St. Detershired El 33-101
31 K101 1100 9,1 4 11101
3. The mailing address (if different):
4. Date of incorporation/qualification: 1981 Document number: 670003
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
John R.Oxlay
1201 Monticello Blvd. N.
St. Petersburg, FL 33763
C. The name and street address of the name is the street of the street o
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JUM C. DXICY
5293 White Sand Circle NE
St. Actrsburg, FL 33703
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.
John F. Dx Ity President (Signature or an officer or director) Thin F. Dx Ity President (Printed or typed hame 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 Registred Agent) (D S 570 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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