P04000171098

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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: GENERAL Mason Ry Construction						
DOCUMENT NUMBER: PO400171098						
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:						
MIRIAM Capote (Name of Contact Person)						
GENERAL MASONRY CONSTRUCTION						
10941 SW 102 CT (Address)						
Miami P/ 33176 (City/State and Zip Code)						
For further information concerning this matter, please call:						
MIRIAM Capo +C (Name of Contact Person) at (305) 273-2280 (Area Code & Daytime Telephone Number)						
Finding d'an 625,00 along an air ann although Danastana de Cara						

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2009

MIRIAM CAPOTE 10941 SW 102 CT MIAMI, FL 33176

SUBJECT: GENERAL MASONRY CONSTRUCTION, INC.

Ref. Number: P04000171098

We have received your document for GENERAL MASONRY CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 309A00009385

SECRETARY OF STATE TALLAHASSEE, FLORING

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provis statement of change is in order to ch	submitted for a		zed under the laws	of the State of	Floric	a
1. The name of the co	rporation: <u>G</u>	ENERAL	Mason	VRY C	ONSTRU	1CTION, IN
2. The principal office		9941 SU 1iami,	<i>ر 10 ي</i> 11. 331	<u>'CT</u> '76		
3. The mailing address						
4. Date of incorporation	on/qualification:		Document nu	mber: <u>P040</u>	000171	098
5. The name and stree Florida Department				office on file with	the	
	<u> </u>	FLORIDA	FIRM	, Inc		
		Deltong		Ste. A		
	<u> </u>	ox 1378	_	77 5 115	99 SEC	
6. The name and stree (if changed):		eltona, f new registered agent			APR -2 RETARY AHASS	<u> </u>
		Eduar	edo C	apote	PE F	M
		10941 P.O. Box NOT acceptable)	SW 106	2 CT	STATE LORID	_
		MIAMIL	Fl. 3	3176)A 59	
The street address of as changed will be ide	its registered of entical.	fice and the street a	ddress of the busi	ness office of its	registered age	ent,
Such change was authauthorized by the boa	norized by resolute, or the corpo	ution duly adopted ration has been not	by its board of dig ified in writing of	rectors or by an o	officer so	
(Signature of an	n) Control of director)	4	MIRIAM	Capale d or typed name and lit	Sec/	TREASURER
I hereby accept the ap I further agree to con of my duties, and I an document is being file corporation has been		egistered agent and ovisions of all statu and accept the obli lect a change in the ing of this change.	l agree to act in th tes relative to the gation of my posit registered office	iis capacity. proper and comp ion as registered address, I hereby	olete performa agent. Or, if confirm that	ince this the
Mund (Signature	of Registered Agent)		2/1	10/09 (Date)		
If signing on behalf o	f an entity:			•		
M/R/am	Capot Printed Name)	<u>e</u>				

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