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| (Req | uestor's Name) | | • |
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| (Add | ress) | | • |
| (Add | ress) | | |
| (City) | /State/Zip/Phon | e #) | • |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | iness Entity Nar | me) | • |
| (Doc | ument Number) | | |
| Certified Copies | Certificates | s of Status | ٠ |
| Special Instructions to Fi | iling Officer: | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: NATIONAL BUILDERS GROUP CORP. Name of Corporation | | | |
| DOCUMENT NUMBER: P100000 47 895 | | | |
| 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: | | | |
| BONIFACIO LOPEZ Name of Contact Person | | | |
| NATIONAL BUILDERS GROUP, CORP. Firm/Company | | | |
| 1855 PALM AVENUE | | | |
| ••••• | | | |
| HIALEAH FL. 33010 City/State and Zip Code | | | |
| | | | |
| NATIONAL BUILDERS GROVE (a) YAHOO-con E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| BONIFACIO LOPEZ. at (186) 488-2516. Name of Contact Person at (186) 488-2516. Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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. |
|---|
| 1. The name of the corporation: NATIONAL BUILDERS GROUP, CORP. |
| 2. The principal office address: 1855 PALM AVENUE |
| HIALFAH, FL. 33010 |
| 3. The mailing address (if different): P.O. BOX 172811 |
| 1+1A(FAH FL. 33017 |
| 4. Date of incorporation/qualification: 0600 2010 Document number: P2000047 895 |
| 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) |
| HECTOR A. DIEGUEZ. |
| 1855 PALM ALENUE |
| HIALEAH, FL. 33010 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| BONIFACIO LOPEZ. |
| BONIFACIO LOPEZ. 1855 PALM AVENUE P.O. BOX NOT acceptable |
| P.O. Box NOT acceptable HIALFAH, FL. 33010 |
| |
| 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. |
| HECTOR A. DIEFUEZ PRESIDENT. Printed or typed name and title |
| 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 10/13/2010. |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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