(Requestor's Name)	
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	- .
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]
	(

Office Use Only

9.16.10



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09/15/10---01007--001 **35.00

COVER LETTER

TO:	Amendment So Division of Co	ection rporations						
SUBJECT: Gulf Paving Company, Inc. Name of Corporation								
DOC	JMENT NUMB	ER:	281702					
The er	closed Statemen	t of Change of Registered Office	e/Agent and fee are submitte	ed for filing.				
Please	return all corres	pondence concerning this matter	to the following:					
		Tim L	ause ntact Person					
		Name of Cor	ntact Person					
		Gulf Paving C						
		Firm/Co	ompany					
		PO Box						
		Addı	ress					
		Fort Myers, City/State an	, FL 33912					
		City/State an	nd Zip Code					
		ethylene@gulf	fnaving com					
ethylene@gulfpaving.com E-mail address: (to be used for future annual report notification)								
For fu	rther information	concerning this matter, please c	٠الو٠					
roi iu	ither information	concerning and matter, prease c	,uii.					
		Tim Lause	at (239) Area Code & Daytim	334-3652				
	Name o	f Contact Person	Area Code & Daytim	e Telephone Number				
Enclos	sed is a \$35.00 cl	neck made payable to the Depart	ment of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle				

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

statement of cha	provisions of sections 607.050. unge is submitted for a corpora er to change its registered office	tion organize	d under the laws o	of the State of <u>F</u>	lorida	
1. The name of	the corporation: Gulf Pavir	ng Compa	ıny, Inc.			
2. The principal	office address: 3460 Metro	Parkway, F	ort Myers, FL	. 33916	<u> </u>	
3. The mailing a	address (if different): PO Box	1584, Fort	Myers, FL 33	902		
4. Date of incorp	poration/qualification: 05/	22/1964	Document num	nber:	281702	
	street address of the current returnent of State: (If resigned, en		t and registered o	ffice on file with	the	
•	Tim Lause					
	1201 Walden Court					
	Fort Myers, Florida 3390	01				
6. The name and (if changed):	d street address of the new regis	stered agent (i	f changed) and /or	r registered offic	TH'	
	Tim Lause				SECRETA	٠٠,
	3460 Metro Parkway	P.O. Box NOT acc			P IS	ئ دست پیستان
	Fort Myers, Florida 3391		epiaore	<u> </u>	A A	TY
The street addre	ess of its registered office and be identical.	the street add	lress of the busin	ess'office of its	registered agent,	Brown of the
Such change wa authorized by th	as authorized by resolution dula ne board, or the corporation ha	ly adopted by is been notific	its board of dire ed in writing of the	ctors or by an o he change.	officer so	
Signatur	e of all officer or director		Tim L	ause, Presid	lent	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered to comply with the provisions of a familiar with and accent filed merely to reflect a child been notified in writing of this	l agent and ag of all statutes of the obligat ange in the re is change.	gree to act in this relative to the p ion of my positio gistered office ac	: capacity. roper and comp on as registered ddress, I hereby	plete performance agent. Or, if this confirm that the	;
Time of	nature of Registered Agent		<u></u>	09/13/10		
. If signing on be	half of an entity:			Date · .		
ту	ped or Printed Name	- 	•		·	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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