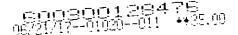


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JUN 27 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SOUTH EASTERN PRESTRESSED CONCRETE, INC. Name of Corporation

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:

VICTOR MARTINELLI

Name of Contact Person

SOUTH EASTERN PRESTRESSED CONCRETE, INC.

Firm/Company

P.O. BOX 3768

Address

WEST PALM BEACH, FL 33402

City/State and Zip Code

vmwolve@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR MARTINELLI

at (561) 655-3634 X118 Area Code & Daytime Telephone Number

Name of Contact Person

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

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of FLORIDA r registered agent, or both, in the State of Florida.	_
1. The name of t	the corporation: SOUTH EAS	STERN PRESTRESSED CONCRETE, IN	C.
2. The principal	office address: 1801 CENTF ALM BEACH, FL 33401	REPARK DRIVE E, SUITE 150	
	nddress (if different): P.O. BO PALM BEACH, FL 33402		
4. Date of incorp	poration/qualification: 09/07/1	966	
5. The name and		stered agent and registered office on file with the	
	VICTOR MARTINELLI		
	1615 CLARE AVE		
	WEST PALM BEACH, F	FL 33401	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	
	VICTOR MARTINELLI		
	1801 CENTREPARK D		ر ان
	WEST PALM BEACH, I	Box NOT acceptable : FL 33401	:: 三 三
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered as	gent,
Such change wa	ns authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so	뜨 <u>대</u>
Sund	Returna re of an officer of director	LISA LETTENMAIER, DIRECTOR Printed of typed name and title	_
I barahy awam	the appointment as registered as	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registerea to reflect a change in the registered office address, I otified in writing of this change.	l
lle	ctir Martinells	JUNE 15, 2017	
Sigi	nature of Registered Agent	Date	_
If signing on bel	half of an entity:		
Ту	yped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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