Division of Corporations

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368



dlee e asplundh. Com Email Address:



## **REGISTERED AGENT CHANGE MUSGROVE CONSTRUCTION, INC.**

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\$35.00

C.COULLIETTE

JAN 08 2010

**EXAMINER** 

1/8/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

## 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 <u>Florida</u>. in order to change its registered office or registered agent, or both, in the State of Florida.

Musgrove Construction, Inc. 1. The name of the corporation:

708 Blair Mill Road, Willow Grove, PA 19090 2. The principal office address:

3. The mailing address (if different): Same

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418055 February 2, 1973 Date of incorporation/qualification: \_\_\_\_\_ Document number:

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)

Bruce Muagrove

8772 US 90

Live Oak, FL 32060

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

o/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Joseph P. Dwyer, Secretary-Treasurer Printed or typed name and fillo

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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. Thereby confirm that the corporation has been notified in writing of this change.

T Corporation System By: 1 Uram A. Simonet and Ason

If signing on behalf of an entity:

Ann J. Williams, Assistant Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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January 7, 2010