

438304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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AC  
12/21/09  
*[Signature]*

**IMBURGIA**  
**CONSTRUCTION SERVICES, INC**  
STATE CERTIFIED GENERAL & ENGINEERING CONTRACTORS

1875 NE 149 Street  
North Miami, FL 33181  
Phone 305-940-6957 Fax 305-940-6958

December 15, 2009

To: Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I have recently married in October and need to update the following records to show my new name. The following documents that I need updated are:

Document Number:

438304..

Entity Name:

Imburgia Construction Services, Inc.

Officer/Director Detail:

Imburgia, Cristina

New Name to replace above:

Butler, Cristina I.

Thank you,



Cristina I. Butler

2009 DEC 18 AM 9:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA