(Requestor's Name)	
(Address)	2001799
(Address) . (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/03/100102
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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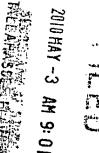
Office Use Only

5.510



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Surety Construction Company Name of Corporation
DOCUMENT NUMBER: 647519
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:
Cynthia Floyd
Suvery Construction Company Firm/Company
28441 S. Tamiami TL+109
BONIA Spring FL 3434 City/State and Op Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: This Floyd

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

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 FOCI
statement of change is submitted for a corporation organized under the laws of the State of HOCICLO
in order to criange its registered office of registered agent, or both, in the blade of riorida.
1. The name of the corporation: Surety Construction Company
2. The principal office address: 2841 S. Taman Tettlog
50 nita Spring, PC 3434
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: 47519
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)
FloyD. Cunthal SIT 點員
1190 11th St SW = = =
WAPUS, FC STII
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- HOD CINTHIA L SII MESHINGE
28441 S. Tamiami TR # RD9 ACCIPATION
P.O. Box NOT acceptable / Kink or
- 50h119 String, 1-C37159
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.
Signature of an officer or director Wignature of an officer or director Printed or typed name and title
7 12 7
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 mexely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
corporation has been notified in writing of this change.
1.23.10
Signature of Registered Agent Date
If signing on behalf of an entity:
('Yntha Hon's
Typed or Printed Name

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