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## Florida Department of State

Division of Corporations Public Access System.

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TO

Division of Corporations

Fax Number

: (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)222-9428

## REGISTERED AGENT CHANGE

HARDING ERECTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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\* Please backdate to Jan. 21 # Thank You!

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

1/21/04

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

Pursuant to the provisions of section this statement of change is submitted				
Georgia in order to ch	ange its registered of	ice or registered agent, or both	, in the State	
of Florida.				
1. The name of the corporation: Har	ding Erectors, Inc.			
2. The principal office address: 1576	6 Beaver Ruin Road, Nore	ross, GA 30091		
3. The mailing address (if different);	P.O. Box 1106, Noroross	i, GA 30091	0	
4. Date of incorporation/qualification	1: 9-3-82	Document number: 853980	with the	
5. The name and street address of the Florida Department of State:	e current registered age	nt and registered office on file w	vith the	
	Corporation Service Co	mpany	Contraction	
1201 Hays Street				
Tellahasseo, FL 32301				
6. The name and street address of the changed):	the new registered age		ed office (if	
	Alo C T Companion Pr			
C/O C T Corporation System  (P.O. Box or personal medibox NOT accoptable)				
1200 South Pine Island Road, Plantation, Florida 33324				
The street address of its registered of agent, as changed will be identical.	ffice and the street add	kess of the business office of its	registered	
Such change was authorized by reso authorized by the board, or the corporation of the cor	)	tits board of directors or by an end in writing of the change.  Kayla Strickland-Secretary  (France or typed name and title)	officer so	
I hereby accept the appointment as r I further agree to comply with the pr performance of my duties, and I am ; registered agent. Or, if this documes office address, I hereby confirm that I/C T Corporation System		gree to act in this capacity relative to the proper and compt the obligation of my position to reflect a change in the regisen notified in writing of this change in the regise and the change of this change in the change of	plete as itered iange.	
By: (Signature of Registrated Agent)	·	1-21-04 (Date)		
If signing on behalf of an entity:	Shelley Sayag Vice Presiden	e.		
(Typed or Printed Name)		(Copacity)		

\* \* \* FILING FEE; \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF COMPORATIONS, P.O. BOX 6327, TALLAMASSEE, FL 32314