Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000225955 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(B50)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone

: (800)221-0102

Fax Number

: (212)564-6083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	aaweeney@dwahouppe.com	•	
----------------	------------------------	---	--

## REGISTERED AGENT CHANGE B & M WEST CONSTRUCTION COMPANY OF TEXAS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

ن. LEWi3 OCT 1 5 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

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

10/14/2010

FILED

2010 OCT 1.4 AM \$ 20

## (((H10000225955 3))) LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED ACTION

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l. B&MV	Vest Construc	tion Compa	ny of	Texas, L <u>td.</u>	
Name of Limit	d Partnership or	Limited Liabl	lihy Lin	nited Partner	ship
10/15/2002		3.		B02000000336	
Date of filing/registration				Tarida docui	nent number
4. The name of the registered age Department of State:	nt and the registe	red office add	iress as	shown on the	records of the Florida
	C T CORPO	RATION SYS	STEM		
·		Neme			1
•	1200 SOUTH P	INE ISLAND	ROA	b	
<del></del>		ddress			1
PLAN	ITATION	FL		33324	•
	Cīty, S	itate and Zip	****		•
5. The name and Florida street ad	dress of the new	registered age	ent and/s	or office:	
		_			
Natio	nal Corpora	Name	11, LC	i., inc.	•
	•	_			
Fior	515 East ida street address	Park Aver		inble)	
		•	t ilocab	-	
	Tallahasse	tate and Zip	FL	32301	ı
i. Such change(s) is/are effective	when filed by the	e Florida Depo	umeni	of State.	
DW Show	DOL.				
Signature of General Pariner					
hereby accept the appointment a comply with the provisions of all s and I am familiar with an accept to	tatu <mark>tes rel</mark> ative to	the proper of	nd comj	olete perform	I further agree to ance of my duties,
ignature of Registered Agent Luc	y Dawson, Assista	nt Sceretary			
Filing Fee:	\$35.00				
Certified Copy (optional):					
	(((H10000	225955 3)	))		