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To:

Division of Corporations

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From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300

Fax Number

: (608)827-5501

MECENYER MEJUL -2 AM 8: 00 ECRETARY OF STATE

REGISTERED AGENT CHANGE

CONTROLLED DEMOLITION, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

ETARY OF STATE OF CORPORATIONS

L-2 AM 8: 39

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of
Maryland	in order to change its registered office or registered agent, or both, in the State
of Florida.	the corporation: Controlled Demolition, Inc.
	I office address: 2737 Merrymans Mill Road, Phoenix, MD 21131
z. me principa	TOTHOU BLUECOSS
3. The mailing	address (if different): 7.0 Bbx 306 Thounx mo 21131
4. Date of inco	poration/qualification: 7/9/2001 Document number: F01000003584
5. The name an	d street address of the current registered agent and registered office on file with the atment of State:
	C T CORPORATION SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
	nd street address of the new registered agent (if changed) and /or registered office
changed):	Business Filings Incorporated
	1203 Governors Square Blvd, Suite 101
	(P.O. Box or personal mailbox NOT acceptable)
• •	Tallahassee, Florida 32301-2960
agent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change wanthonized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
	John Mark Loizeaux, President (Printed of typed name and title)
I hereby accept I further agree performance of registered agen office address,	the appointment as registered agent and agree to act in this capacity. to somply with the provisions of all statutes relative to the proper and complete my duttes, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
LUL	12/08
.*	ignature of Registered Agent) (Date)
If signing on behal Mark Williams	AVP
	yped or Printed Name) (Capacity)
Business Fin	y Incorporated * * FILING FEE: \$35.00 * * *

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314