## FOAULUO3

Pavement Savers Inc PO Box 759 Cocoa FL-32923  (Address)	000181857280		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	06/11/1001015011 **35.00		
(Document Number)  Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	2010 JUN 11 PM 2: 31		

Office Use Only

61410



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

مزء ۽

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.15 ge is submitted for a corporation organized under the laws of to change its registered office or registered agent, or both, in t	the State of	
1. The name of th	e corporation: PAVEMENT SAVERS, INC		
2. The principal of	ffice address: 411 SHEARER BLVD		
	COCOA, FL 32922		
3. The mailing ad	dress (if different): P.O.BOX 759	· · · · · · · · · · · · · · · · · · ·	
	COCOA, FL 32923		
4. Date of incorpo	oration/qualification: Document numb	er:	
	street address of the current registered agent and registered offi ment of State: (If resigned, enter resigned)	ice on file with the	
_	TIEN M NGUYEN (RESIGED		
	411 SHEARER BLVD	<b>10</b>	
	COCOA, FL 32922	NOC.	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or r	registered office	,
	PATRICK O'CONNOR	ည	
	411 SHEARER BLUD		
•	P.O. Box NOT acceptable	<del> </del>	
	COCOA, FL 32922		
The street addres as changed will be	s of its registered office and the street address of the busines be identical.	ss office of its registered agent	i <b>,</b>
Such change was authorized by the	s authorized by resolution duly adopted by its board of direct board, or the corporation has been notified in writing of the	tors or by an officer so e change.	
- He		O'CONNOR	
-	the appointment as registered agent and agree to act in this of comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my position of my position of filed merely to reflect a change in the registered office adobeen notified in writing of this change.	yped name and title capacity, oper and complete performanc as registered agent. Or, if th dress, I hereby confirm that th	ce is e
Sign	O5 —	28-2010	
If signing on beh		Date	
PATRIC	x o'connor		
Tvi	ned or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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