## F03000000aaa1

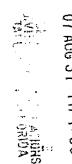
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900108809399

08/31/07--01020--015 \*\*35.00



RECEIVED

7 AUG 31 PM I: 1

Rochs.

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJECT: TPD Construction Co.  (Name of Corporation)				
DOCUMENT NUMBER: F03000002221				
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:				
	Kevin S Trim			
(Name of Contact Person)				
Professional Licensure Services Inc. (Firm/Company)				
2104 Delta Way, Suite One (Address)				
	Tallahassee, FL 32303 (City/State and Zip Code	e)		
For further information concerning this matter, please call:				
Kevin S	S. Trim at (850 (Are	514-2194 a Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassec, FL 32301		

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statitics, this ange is submitted for a corporation organized under the laws of the State of Maine
	to change its registered office or registered agent, or both, in the State of Florida.  the corporation: TPD Construction Co.
	office address: 192 Westview Drive, Sanford, ME 04073
3. The mailing a	address (if different): P.O. Box V, Sanford, ME 04073
4. Date of incoπ	poration/qualification: 05/02/2003 Document number: F03000002221
	street address of the current registered agent and registered office on file with the treent of State:
	Kevin Trim
	4724 Flowerwood Drive
	Tallahassee, FL 32303
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office SS T
	Kevin Trim
	2104 Delta Way, Suite 1
	(P.O. Box NOT acceptable)  Tallahassee, FL 32303
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	re of an officer or director) (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
0-	August 31, 2007  (Date)
	half of an entity:
(1	yped 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 \* \* \*