## F03000005346

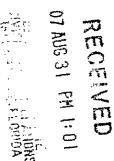
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Ro Chg Sf

## **COVER LETTER**

Division of Corporations
SUBJECT: Construction Processes International Inc.
(Name of Corporation)
DOCUMENT NUMBER: F03000005346
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)
(Address)
Tallahassee, FL 32303
(City/State and Zip Code)
For further information concerning this matter, please call:
To tractice information concorning the matter, produce than
Kevin S. Trim at (850) 514-2194  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section
Amendment Section Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Texas er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Construction Processes International Inc.
	office address: 1111 Heights Blvd, Houston, TX 77008
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification; 10/28/2003 Document number: F03000005346
	d street address of the current registered agent and registered office on file with the rtment of State:
	Kevin Trim
	4724 Flowerwood Drive
	Tallahassee, FL 32303
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office $\omega$
	Kevin Trim
	2104 Delta Way, Suite 1
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32303
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signati	ure of an officer or director) (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation-has	t 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 nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing fled merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
0	August 31, 2007
	Ignature of Registered Agent) (Date)
n signing on pë	chalf of an entity:
Ö	Typed 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 \* \* \*