

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1090
Fax Number : (850) 878-5368

Please retain original filing
date of submission 2/16/10

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

Email Address: lisa@molineconstruction.com

REGISTERED AGENT CHANGE
MOLINE CONSTRUCTION MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	053
Estimated Charge	\$35.00

RA/RO/ch8
@ 2/17/10



February 17, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MOLINE CONSTRUCTION MANAGEMENT INC.
4500 RATLIFF, SUITE 118
ADDISON, TX 75001

SUBJECT: MOLINE CONSTRUCTION MANAGEMENT INC.
REF: F03000006266

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H10000034779
Letter Number: 510A00003914

RECEIVED

2010 FEB 17 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Texas
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Moline Construction Management Inc.
2. The principal office address: 4500 Ratliff #118, Addison, Texas 75001
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/09/2003 Document number: F03000006268

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Check Mate Construction Licensing Services

4411 Bee Ridge Road #257

Sarasota, FL 34233

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

C-T Corporations Systems

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Severn Townsend / President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Kimberly Baggett

Signature of Registered Agent

Kimberly Baggett
Assistant Secretary

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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