Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-1000 Phone

: (850)558-1515 Fax Number

ter the email address for this business entity to be used for 🚉 Ture🚗 annual report mailings. Enter only one email address please. \*\*\*

Email Address:

## REGISTERED AGENT CHANGE MST CONSTRUCTORS, INC.

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Corporate Filing Menu

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To: DIVISION OF CORPORATIONS

Company:

Fax: 8506176380

Phone:

From: jreynold@cscinfo.com

Fax:

Phone: (850) 521-0821x2933 E-mail: jreynold@cscinfo.com

**NOTES:** 

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi ir to change its registered office or registe:	zed under the laws of the State of Texa	as
	the corporation: MST CONSTRUCTO		H.4.
2. The principal	office address: 128 Park 35 Cove Sout	h, Buda, TX 78610	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/21/2005	Document number: F050000061	42
	I street address of the current registered ag tment of State:	ent and registered office on file with the	9
	C T Corporation System		
•	1200 South Pine Island Road		201 SE TAL
	Plantation, FL 33324		CRE
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	JAN 31 PH 3: CRETARY OF STAL LAHASSEE, FLOR
	Corporation Service Company		PH PFS
,	1201 Hays Street		SE S
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its reg	istered agent,
	s authorized by resolution duly adopted e board on the corporation has been noti		
Hum	1k	Elizabeth A. Dawson, Attorney in	Fact
I hereby accept I further agree to of my duties, und document is best corporation has	the appointment as registered agent and o comply with the provisions of all statut I am familiar with and accept the oblig filed merely to reflect a change in the been notified in writing of this change.	(Ptinied or typed name and title) agree to act in this capacity, tes relative to the proper and complete tation of my position as registered age registered office address, I hereby con	e performance int. Or, if this nfirm that the
By: d. M	on Service Company	January 26, 2011	
(Sig	nature of Registered Agena)	(Date)	
If signing on bel	nalf of an entity:		
Grace E. Kirby	<u> </u>		
(T	(ped or Printed Name)		
	* * * FILING FEE	0: \$35.00 * * *	

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