Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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(((H170000440183)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

REGISTERED AGENT CHANGE

gerald n. candito construction corporation

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

S. TALLENT

FEB 1 6 2017

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2/15/2017

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COVER LETTER

| TO: | Amendment Section | | |
|-----|--------------------------|--|--|
| | Division of Corporations | | |

| SUBJECT: | GERALD N. CANDITO CONSTRUC | |
|-------------------|---|--|
| | Name of Cor | poration |
| DOCUMENT | NUMBER: F05000006666 | |
| The enclosed S | tatement of Change of Registered Office/. | Agent and fee are submitted for filing. |
| Please return al | l correspondence concerning this matter t | o the following: |
| | Leora Nea Name of Contr | ley |
| | Name of Contr | et Person |
| | InCorp Servi | nae Inc |
| | Firm/Com | |
| | | |
| | 3773 Howard Hughes F | |
| | Addre | 3S |
| | Las Vegas, NV | 39169-6014 |
| | City/State and | |
| | documents@in E-mail address: (to be used for fut | corp.com ure annual report notification) |
| For further info | ormation concerning this matter, please ca | ıl: |
| • | on behalf of InCorp Services, Inc. | at (702) 866-2500 |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$: | 35.00 check made payable to the Departm | ent of State. |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

CR2E045 (03/12)

H170000440183

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga | 02, 607.1508, or 617.1508. Florida Statu nized under the laws of the State of Geo | rgla | | | |
|---|---|---|---------------------------------------|--|--|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: GERALD N. CANDITO CONSTRUCTION CORPORATION | | | | | | |
| 2. The principal | office address: 145 Kelli Clark Cou | rt, Cartersville, GA 30121 | | | | |
| z. The principal | , 011100 add10531, | | · · · · · · · · · · · · · · · · · · · | | | |
| 3. The mailing i | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 11/10/2005 | Document number: F05000006 | 666 | | | |
| 5. The name an | | agent and registered office on file with the | | | | |
| | SMITH, PAUL | | | | | |
| | 9701 Sw 20Th St | | | | | |
| | Davie, FL 33328 | | 5 1 | | | |
| 6. The name an (if changed): | | ent (if changed) and /or registered office | ELLONING FLYALP FO 16 W | | | |
| | InCorp Services, Inc. | / | *> 3 | | | |
| | 17888 67th Court North | | | | | |
| | P.O. Box NO Loxahatchee, FL 33470 | T acceptable | | | | |
| The street addr | ess of its registered office and the street | t address of the business office of its reg | gistered agent, | | | |
| Such change w | as authorized by resolution duly adopte | d by its board of directors or by an offic otified in writing of the change. | er so | | | |
| V Jakok | 48.01/h_ | Robert E Rhein, Vice President | | | | |
| _ | the appointment as registered agent of | Printed or typed name and title | | | | |
| I hereby accept I further agree I further agree of agent. Or, if the hereby confirm | the appointment as registered agent at to comply with the provisions of all stating the first and I am familiar with and his document is being filed merely to refet that the corporation has been notified | nd agree to act in this capacity. tutes relative to the proper and complet accept the obligation of my position as a lect a change in the registered office ad in writing of this change. | e registered Idress, I | | | |
| 04.7 | realey | December 20, 2016 | | | | |
| _ | ynature of Registered Agent | Date | | | | |
| If signing on be | chalf of an entity: | H17000044 | 10182 | | | |
| | on behalf of InCorp Services, Inc. | HI 1000049 | アレーロン | | | |

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