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COVER LETTER

	ndment Section sion of Corporations		
SUBJECT:_	Thrash Commercial Contractors, Inc.		
	Name of C	orporation	
DOCUMEN	T NUMBER:		
The enclosed	Statement of Change of Registered Office	re/Agent and fee are submitted for filing.	
Please return	all correspondence concerning this matte	r to the following:	
	Cecelia McCaughn		
	Name of Co	ntact Person	
	Thrash Commercial Contractors, Inc.		
Firm/Company			
	211 Commerce Drive		
Address			
Brandon, MS 39042			
City/State and Zip Code			
	cecelia@thrasheo.com		
E-mail address: (to be used for future annual report notification)			
	·	•	
For further in	nformation concerning this matter, please	call:	
Cecelia McCa	aughn	601 825-8967 at ()	
	Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a	s \$35.00 check made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
	rananassec. 11, 32514	Tallahassee, FL 32301	

CR2E045 (03/12)

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

statement of change is submitte	ections 607.0502, 617.0502, 607.1508, or 61 od for a corporation organized under the law registered office or registered agent, or both	es of the State of Mississippi		
1. The name of the corporation	Thrash Commercial Contractors, Inc.			
2. The principal office address: 211 Commerce Drive				
	Brandon, MS 39042			
3. The mailing address (if diffe	rent): same			
4. Date of incorporation/qualif	cation: 12/21/2001 Document r	number:		
	of the current registered agent and registered (If resigned, enter resigned)	d office on file with the		
C T Corporation	C T Corporation System			
c/o C T Corpo	c/o C T Corporation Systems, 1200 South Pine Island Road			
Plantation, FL	33324			
6. The name and street address (if changed):	of the new registered agent (if changed) and	I /or registered office CRE TO		
Mike Dunn		HAN DE L		
c/o Thrash Cor	nmercial Contractors-FL Division, 459 Massacl			
Pensacola, Flo	P.O. Box. NOT acceptable orida 32505	FLORIO		
The street address of its regist as changed will be identical.	ered office and the street address of the bus	siness office of its registered agent,		
Such change was authorized by authorized by the board, or the	y resolution duly adopted by its board of di corporation has been notified in writing o	irectors or by an officer so f the change.		
In Things	Josh Thrash, Pres	sident		
Signature of an officer or d	rector Printed	or typed name and title		
I further agree to comply with performance of my duties, and agent. Or, if this document is	nt as registered agent and agree to act in t the provisions of all statutes relative to the I I am familiar with and accept the obligati being filed merely to reflect a change in th ration has been notified in writing of this c	e proper and complete on of my position as registered e registered office address, I		
By: Nomolli	7/11/2018			
Signature of Registered	Agent	Date		
If signing on behalf of an entire	y ;			
Typed or Printed Nan	ne			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

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

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