Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000103823 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE SABRE DEMOLITION CORPORATION

Certificate of Status	0
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APR 29 2014

C. CARROTHERS

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	SABRE DEMOLITION CORPORATION	
	Name of Co	orporation
DOC	F07000002514 UMENT NUMBER:	
The e	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
	• •	•
DOCUMENT NUMBER: F07000002514 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: Name of Contact Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification)		
Firm/Company		mpany
	Adde	1 00
	, Addi	C33
		Name of Corporation Name of Corporation Name of Corporation F07000002514 NUMBER: Statement of Change of Registered Office/Agent and fee are submitted for filing. Il correspondence concerning this matter to the following: Name of Contact Person Firm/Company Address City/State and Zip Code
City/State and Zip Code		d Zip Code
	E-mail address: (to be used for fi	ture annual report notification)
For fu	uther information concerning this matter, please o	all:
	-	
	Notice of Courts in Pro-	_ at ()
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Depart	ment of State.
		•
	Mailing Address:	Street Address:
	i alianassee, PL 32314	2001 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or section of the components of the provision of the components of the provisions of t	ganized under the laws of the State of INDIANA	•
in order to change its registered office or reg		
1. The name of the corporation: SABRE DEMOLITION		
2. The principal office address: 115 RAILROAD STRE	ET WARNERS, NY 13164	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 05/10/2007	Document number: F07000002514	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	med)	- - -
CORPORATION SERVICE COMPAN	√ Y	<u>.</u>
1201 HAYS STREET TALLAHASSEE	E, FL 32301	RETARY
	FT CONTRACTOR OF THE CONTRACTO	
The name and street address of the new registered a (if changed);	gent (If changed) and for registered office	FSTATE
C T Corporation System	٠	•
c/o C T Corporation System, 1200 South	h Pine Island Road	
PO Box N	IOT acceptable	
Plantation, Florida 33324		
The street address of its registered office and the stre as changed will be identical.	et address of the business office of its registered age	nt,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
auther amold	Ausha Amold, Vice President	
organist of all officer of affector	Limiter or tabled urruse and rills	•
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all st performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the carporation has been notified.	and agree to act in this capacity. catutes relative to the proper and complete A accept the obligation of my position as registered effect a change in the registered office address, I d in writing of this change.	
By: C T Corporation System	4/27/2015	
Sharalure of Registered Agent	Date	
If signing on behalf of an entity:		
Jordan Brown, Asst. Secretary		
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
CR2E045 (03/12)