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 Phone : (850)521-1000 Fax Number : (850)558-1515

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

PECETARIS AM 8: 00
II APR 15 AM 8: 00
SECRETARY OF STATE
ALLAHASSEE, FLORIDA
IALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE MB ERECTORS INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/12/2011

BKND 4-15-11

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

		17.0502, 607.1508, or 617.1508, Florida Statutes, this	
		organized under the laws of the State of Alabama	
		registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: MB ERECTOR	S INC.	_
	pal office address: 2730 Main Stree		_
****			_
3. The mailing	g address (if different):		_
4. Date of inco	orporation/qualification: 09/01/201	0 Document number: F10000004007	-
	and street address of the current regist partment of State:	ered agent and registered office on file with the	
	Incorp Services Inc.	TAIL SE	
	17888 67th Court North	LCRE CRE	Ţ
	Loxahatchee, FL 33470	TAR 15	
6. The name a (if changed)		d agent (if changed) and /or registered office	C
	Corporation Service Company	FLORID STATE	
	1201 Hays Street	12	
	(P.O. Box NOT acc	æptable)	
	Tallahassee, FL 32301		
The street add	tress of its registered office and the ill be identical.	street address of the business office of its registered agent,	
Such change vauthorized by	was authorized by resolution duly at the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Ingel	Elder del	ANGEL ELDRIDGE PRESIDENT	
I hereby acces I further agree of my duties, a document is be corporation he	pt the appointment as registered age e to comply with the provisions of a and I am familiar with and accept th eing filed mere'y to reflect a change as been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the lange.	
By: S	tion Service Company		
113	Signature of Registered Agent)	11 - 11 - 20 11 (Dute)	
lf signing on b	behalf of an entity:		
	pet, Asst. Vice President		
	(Typed or Printed Name)		
	* * * FILIN	G FEE: \$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)