

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000164286 3)))



H170001642863ABC2

To: From:	Division of Co Fax Number Account Name Account Number Phone Fax Number	: (850)617-6380	.c			HASSER REDRIES	JUN 20 AH 9: 22	רכט
	FAX Mumber	. (600)507 4330	•					٠٨١ ١
**Enter an	the email addres	s for this busic ings. Enter only	ness entity one email	y to be used address ple	for futu	re	S. T JUN	
an	the email addres nual report mail:	ings. Enter only	one email	. address ple	for futuase.**	re		
an	nual report mail ail Address: 104 REGI	ings. Enter only inne@campbellco	one email	address ple	for futuase.**	ire	JUN	
an	nual report mail ail Address: 104 REGI	ings. Enter only inne@campbellco STERED AGI ELL CONSTR	one email	address ple	for futuase.**	1.38.7.2	JUN	
an	nual report mail ail Address: 100 REGI	ings. Enter only inne@campbellco STERED AGI ELL CONSTR f Status	one email	address ple onbbg.com ANGE JD, INC.	for futu	17 383 20 11	JUN	
an	REGI CAMPBI	ings. Enter only inne@campbellco STERED AGI ELL CONSTR f Status	one email	address ple onbbg.com ANGE JD, INC.	for futu	17 383 20 11	JUN	

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000164286 3)))

COVER LETTER

TO:

Amendment Section Division of Corporations

CAMPBELL CONSTRUCTION JD, INC.

Name of Corporation

F12000002888

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:

JOANNE BARRETT

Name of Contact Person

CAMPBELL CONSTRUCTION JD, INC.

Firm/Company

810 Swan Dr Unit A

MUKWONAGO, WI 53149

City/State and Zip Code

joanne@campbellconstructionbbg.com/

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

(((H17000164286 3)))

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

statement of cho	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute: inge is submitted for a corporation organized under the laws of the State of <u>M</u> r to change its registered office or registered agent, or both, in the State of Florida			
	the corporation: CAMPBELL CONSTRUCTION JD, INC.			
 The name of t The principal 	office address: 810 Swan Dr Unit A MUKWONAGO, WI 53149			_
2. 1110 printerpe.				<u>-</u>
3. The mailing a	adchess (if different):			-
4. Date of incor	poration/qualification: 07/09/2012 Document number: F12000002	2888		-
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)			
	DENNIS LA RUE			
	12571 SE 102 AVE		14	
	BELLEVIEW, FL 34420	H.	JUN 20	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	ASSEF J	20 AM	JLED.
	URS AGENTS, LLC	<u></u>	6	0
	3458 LAKESHORE DRIVE	TORIO:	22	
	P.O. Box NOT acceptable TALLAHASSEE, FL 32312			
The street addi	ress of its registered office and the street address of the business office of its regis	stered age	mt,	
Such change wanthorized by	has authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	r so		
_ 3 _ 0	Di On LA Kue - Vi Ce - Printed or typed name and true	tresi		-
I hereby accep I further agree performance o agent. Or, if thereby confirm	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete if my dulies, and I am familiar with and accept the obligation of my position as re his document is being filed merely to reflect a change in the registered office ada in that the corporation has been notified in writing of this change.	egislered tress, I		
	ignature of Registered Agent Date		_	
If signing on b	chalf of an entity:			
Kanetha B	ishop, Assistant Secretary Typed or Printed Name			
	* * * PILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28045 (03/12)