Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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: (850)205-8842 : (850)878-5368 Fax Number

**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 **GROFFDALE CONCRETE WALLS INC**

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COVER LETTER

	COVER	LETTER		32
	ent Section of Corporations		•	6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	FFDALE CONCRETE WALLS INC			19. mg
SUBJECT:	Name of C	orporation		ંદ્ર ટ
DOCUMENT N	F14000003898 UMBER:			3 T
The enclosed Stat	ement of Change of Registered Office	e/Agent and fee at	e submitted for filing.	
	correspondence concerning this matte	-	-	
	John D Stoltzfus			
	Name of Cor	ntact Person		
	GROFFDALE CONCRETE WALLS	INC		
	Firm/Co	mpany		
	112 Peters Rd			
	Add	ress		
	New Holland, PA - 17557			
	City/State ar	d Zip Code		
	dan@kjmcpas.com			!
•	E-mail address: (to be used for fi	iture annual repo	rt notification)	
For further inform	ation concerning this matter, please o	:all:		·
John D Stoltzfus		717	656-2016	
Na	me of Contact Person	Area Code &) & Daytime Telephone Numbe	-
Enclosed is a \$35.	00 check made payable to the Depart	•		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton 2661 Ex	address: ment Section of Corporations Building accutive Center Circle assee, FL 32301	

CR2F045 (03/12)

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

1. THE HAIDE	of the corporation: GROFFDALE CO	NCRETE WALLS INC	
•	pal office address:		
	RS RD NEW HOLLAND, PA 17557		
3. The mailing address (if different):			
4. Date of inc	orporation/qualification; 03/15/1984	Document number: F14000003898	
	and street address of the current regis partment of State: (If resigned, enter a	tered agent and registered office on file with the resigned)	
	NRAI SERVICES, INC		
	1200 SOUTH PINE ISLAND RD	6	
	PLANTATION, FL 33324		
5. The name a (if changed		od agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 1200 S	outh Pine Island Roed	
	Р.О. Во	ox NGT acceptable	
	Plantation, Florida 33324		
	tress of its registered office and the	street address of the business office of its registered agent	
The street add s changed wi	ill be identical.		
		dopted by its board of directors or by an officer so en notified in writing of the change.	
uch change withorized by	was authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change. John D Stoltzfus, President	
uch change withorized by	was authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change. John D Stoltzfus, President Printed or typed name and title	
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hereby acceptorther Or, if it ereby confirm	was authorized by resolution duly ad the board, or the corporation has be nursely the difference of the appointment as registered age to comply with the provisions of all of my duties, and I am familiar with his document is being filed merely to that the corporation has been noting that the corporation has been noting the system.	John D Stoltzfus, President John D Stoltzfus, President Printed or typed name and title ant and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered or reflect a change in the regislered office uddress, I fied in writing of this change. 08/31/2016	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)