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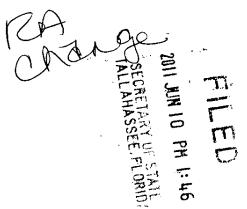
(Requestor's Name)							
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Certified Copies	_ Certificates	of Status					
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COR	P 0	RATI	1 D N W	SER	VICE	COMP	ANY'

ACCOUNT NO. : 12000000195

REFERENCE: 803933

7834296

AUTHORIZATION :

COST LIMIT :

ORDER DATE : June 7, 2011

ORDER TIME : 9:50 AM

ORDER NO. : 803933-011

CUSTOMER NO: 7834296

CHANGE OF AGENT

NAME: B & B CONTRACTORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of \underline{C}	California
1. The name of	the corporation: BERGMAN BROTH	ERS CONTRACTORS, INC.	
2. The principal	office address: 4300 Edison Avenue,	Chino, CA 91710	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/01/1994	Document number: F940000	01678
	d street address of the current registered at timent of State:	gent and registered office on file with	ı the
	CT Corporation System		
	1200 S. Pine Island Rd.		11.5
	Plantation, FL 33324		2011 JUN 10 SECRETARY TALLAHASSI
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office	mc; -0 H
	Corporation Service Company		FLOW
	1201 Hays Street		6 6
	(P.O. Box NOT acceptable)		
The street addreas changed will	Tallahassee, FL 32301 ess of its registered office and the street be identical.	address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of directors or by an outfied in writing of the change.	officer so
(Signitu	aucle Coffiely and officer or director)	Maureen Cathell, Vice Preside	
I further agree to of my duties, an document is being corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. On Scrvice Company	utes relative to the proper and comi	plete performance agent. Or, if this v confirm that the
By:	Curron	06/07/2011	
চিছ্ If signing on be	nature of Registered Agent) half of an entity:	(Date)	
	et, Asst. Vice President		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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