H10643

(Requestor's Name)						
(Address)						
(Address)						
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(CitylChata 77 in (Diagna 46)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Contillad Conins Contillantos of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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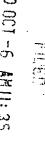
Office Use Only



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10/06/10--01012--016 **35.00

Secretary of same





COVER LETTER

TO:	O: Amendment Section Division of Corporations							
SUBJI	ECT:	T/B/K CONSTI	RUCTION Name of Cor	SERVICES, INCoporation	D			
DOCU	MENT NU	MBER:	H	10643				
The en	closed State	ment of Change of Regi	stered Office/.	Agent and fee are subn	nitted for filing.			
Please return all correspondence concerning this matter to the following:								
Mame of Contact Person								
T/B/K CONSTRUCTION SERVICES, INC. Firm/Company								
		9140 G		e, Suite 8 North				
			Addre	ss				
Jacksonville, FL 32256 City/State and Zip Code								
City/State and Zip Code								
tbkconstserv@aol.com E-mail address: (to be used for future annual report notification)								
		E-man address: (to be	used for fut	ure annuai report not	ification)			
For fur	ther informa	ition concerning this ma	tter, please cal	1:				
		Gary I. Kline		at (904)	705-7807 time Telephone Number			
	Nan	ne of Contact Person		Area Code & Day	time Telephone Number			
Enclose	ed is a \$35.0	0 check made payable to	o the Departm	ent of State.				
		Mailing Address: Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations	Street Addres Amendment S Division of C Clifton Build 2661 Executi	Section Corporations			
				Tallahassee, 1	FL 32301			

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

statement of cha	mge is submitted for a coi	poration organiz	607.1508, or 617.1508, Florida ted under the laws of the State of ed agent, or both, in the State of	f Florida	
1. The name of	the corporation: T/B/K	CONSTRUC	CTION SERVICES, IN	IC.	
2. The principal	office address: 9140 G	olfside Drive,	Suite 8 North		
	Jackso	nville, FL 322	56		
3. The mailing a	address (if different): Sar	ne as Above			
4. Date of incor	H10643				
	d street address of the curr rtment of State: (If resigno		ent and registered office on file v	with the	
	Gary I. Kline				
	5730 Bowden Road	d, Suite 104		100	
	Jacksonville, FL 32	216		MANAS CT -6	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Gary I. Kline (same)			
	14040 Tontine Roa	d		<u> </u>	
					
	Jacksonville, FL 32	225			
The street address changed will	ess of its registered office be identical.	e and the street a	ddress of the business office of	f its registered agent,	
Such change wanthorized by the	as authorized by resolution he board, or the corporation	on duly adopted ion has been not	by its board of directors or by fied in writing of the change.	an officer so	
Signatio	re of an officer or director		Gary I. Kline, Pr		
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and sions of all statu accept the oblig a change in the of this change.	agree to act in this capacity, tes relative to the proper and c pation of my position as registe registered office address, I he		
Jan.	L Reuse		10/1/10		
Sig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	yped or Printed Name				

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