## H94304

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	
Operation in the control of the cont	ming Grilloci.	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 03 2014 T. CARTER

RAIRO Change

## **COVER LETTER**

Division of Corporations
SUBJECT: Pioneer Contracting Inc
Name of Corporation
DOCUMENT NUMBER: H94304
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:
Richard Caruso
Name of Contact Person
Pioneer Contracting Inc
Firm/Company .
PO Box 3523
Address
Boca Raton, FL 33427
City/State and Zip Code
PioCon@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rich Caruso at (561 ) 347.6516  Name of Contact Person Area Code & Daytime Telephone Number
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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

TO:

Amendment Section

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

statement of change is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of <b>Florida</b> egistered office or registered agent, or both, in the State of Florida.	
The name of the corporation:	Pioneer Contracting Inc.	
2. The principal office address: 2206 W Atlantic Avenue. Suite 202		
<u></u>	Delray Beach, FL 33445	
3. The mailing address (if different	ent):	
4. Date of incorporation/qualific	ation: 1/16/1986 Document number: H94304	
	f the current registered agent and registered office on file with the	
shah	ady, Thomas R	
350	East Las Olas Blvd	
Ft.	Lauderdale, FL 33301	
6. The name and street address o (if changed):	f the new registered agent (if changed) and /or registered office	
Caru	W Atlantic Ave., Suite 202	
2206	W Atlantic Ave., Suite 202	
D-1-	P.O. Box NOT acceptable	
Delr	ray Beach, FL 33445	
The street address of its register as changed will be identical.	red office and the street address of the business office of its registere agency	
Such change was authorized by authorized by the board, or the	resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	
VIlla	Deborah A Caruso, Secretary	
I further agree to comply with to performance of my duties, and l agent. Or, if this document is b	Printed or typed name and title  t as registered agent and agree to act in this capacity.  the provisions of all statutes relative to the proper and complete  am familiar with and accept the obligation of my position as registered  eing filed merely to reflect a change in the registered office address, I  attion has been notified in writing of this change.	
XX	9/18/2014	
Signature of Registered A	Sent Date	
If signing on behalf of an entity	$\mathcal{V}_{:}$	
Richard L Caru	5O	
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 \* \* \*