

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
•	,	,	
PICK-UP	MAIT	MAIL	
/D:	usiness Entity Nar	ma\	
(bu	isiness chilly ivar	ne)	
(Do	ocument Number)		
Certified Copies	tified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
'	Ü	ı	

Office Use Only



900307597179

01/17/18--01048--008 **35.00

9018 IAM T 3 TM 4:



Worman & Sheffler, P.A. Attorneys At Law

2707 W. Fairbanks Ave., Suite 200 Winter Park, Florida 32789

Telephone (407) 843-5353 Facsimile (407) 841-9516

> 55 99 —

January 15, 2018

via Federal Express

Re:

Florida Department of State Division of Corporations Attn: Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Seminole Excavation & Supply, Inc., et al. – General File | W&S File No.: 7778,0000

Dear Clerk:

Enclosed are the following to be filed for the below named Florida companies:

- 1. Statement of Change of Registered Agent Seminole Excavation & Supply, Inc.;
- 2. Statement of Change of Registered Agent Seminole Shotcrete, Inc.;
- 3. Statement of Change of Registered Agent Central Florida Enterprises, Inc.;
- 4. Statement of Change of Registered Agent Central Florida Enterprises of Jacksonville, Inc.:
- 5. Statement of Change of Registered Agent Central Florida Enterprises, LLC;
- 6. Articles of Amendment for Seminole Excavation & Supply, Inc.
- 7. Articles of Amendment for Seminole Shotcrete, Inc.;
- 8. Articles of Amendment for Central Florida Enterprises, Inc.
- 9. Articles of Amendment for Central Florida Enterprises of Jacksonville, Inc.; and
- 10. Articles of Amendment for Central Florida Enterprises, LLC.

I have also attached to each of the filing a check in the amount of \$35.00 for each filing for your fees. Should you have any questions regarding the foregoing, please contact me.

VORMAN & SHEETLER, P.A.

Scott S. Sheffler, Esquire

SSS/de Enclosures

ce: Sally DaSilva

Jose Bruno Nelson Bruno Alzira Bruno

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State	
statement of change is submitted for a corporation organized under the laws of the State of Flor in order to change its registered office or registered agent, or both, in the State of Flor	
1. The name of the corporation: Seminole Excavation & Supply, Inc.	
1700 Timocuan Way	
2. The principal office address: 1700 Hilloculari VVay Longwood, FL 32750	<u> </u>
3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/13/1986 Document number: J28905	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the
Fausto G. DaSilva	2018
1700 Timocuan Way	<u>د</u>
Longwood, FL 32750	JAN 17
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Nelson D. Bruno	ीः o *
1700 Timocuan Way	
P.O. Box NOT acceptable	
Longwood, FL 32750	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	icer so
Joaquim DaSilva, Sec/Tre	eas
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar with and accept the obligation of my position as agent. Or, if this document is being filed merely to reflect a change in the registered office a hereby confirm that the corporation has been notified in writing of this change.	ete registered ddress, I
1/15/18	
Signature of Registered Agent Date	-
If signing on behalf of an entity:	
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 * * *