J76658

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name) .			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
: •			

Office Use Only



800159470988

08/14/09--01037--019 **35.00



MAChars News 8,21-09

COVER LETTER

Amendment Section Division of Corporations

TO:

	DEST TOUGS			
SUBJECT:	BEST TRUSS O			
DOCUMENT NUMBER:_		J76658		
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are subm	itted for filing.	
Please return all corresponde	nce concerning this matter	to the following:		
	JOSE M. M	ENENDEZ		
	Name of Cor	itact Person		
•	Firm/Co	ompany	····	
	7035 SW 44th STREET Address			
	MIAMI, F City/State ar	FL 33155 ad Zip Code		
E-mail a	ddress: (to be used for f	uture annual report not	ification)	
For further information conc	erning this matter, please o	call:		
JOSE M. M	ENENDEZ	at (305) Area Code & Day	667-6797	
Enclosed is a \$35,00 check n		_		
Am Div P.O	ling Address: endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi	Corporations	

Tallahassee, FL 32301

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

statement of chang	ge is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this red under the laws of the State of Florida red agent, or both, in the State of Florida.
	· · · · · · · · · · · · · · · · · · ·	•
	corporation: <u>BEST TRUSS CO</u> Tice address: 7035 SW 44th STREE	
3. The mailing addr	ress (if different):	
4. Date of incorpora	ration/qualification: 6/05/1987	Document number:
	reet address of the current registered age ent of State: (If resigned, enter resigned)	
A	ANTONIO SIERRA (RESIGNED)	
		39 E
6. The name and str (if changed):	treet address of the new registered agent	(if changed) and /or registered office SSEE, FLOR
<u>J</u>	OSE M. MENENDEZ	FE'S C.
7	035 SW 44th STREET	
1.4	P.O. Box NOT a	receptable
_	MAMI, FL 33155	
_		ddress of the business office of its registered agent,
Such change was a authorized by the l	authorized by resolution duly adopted board, or the corporation has been noti	by its board of directors or by an officer so filed in writing of the change.
X MI	hope	JOSE M. MENENDEZ
Mgnature of	an officer or director	Printed or typed name and title
I further agree to a of my duties, and I document is being	e appointment as registered agent and comply with the provisions of all statut I am familiar with and accept the oblig filed merely to reflect a change in the een notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance eation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
× W	nk	08/10/2009
If signing on beha	alf of an entity:	Date
Турс	ed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8 05)