M41039

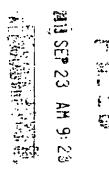
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Rammar Construction Company Inc

Name of Corporation

DOCUMENT NUMBER, M41039

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:

Sandra Martinez

Name of Contact Person

Rammar Construction Company Inc.

Firm/Company

5729 NW 151 Street

Address

Miami Lakes Fl. 33014

City/State and Zip Code

sandra@rammarconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Martinez

305 (3

3436403

SE 23 MA O

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 Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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

	ctions 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this I for a corporation organized under the laws of the State of Florida egistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	Rammar Construction Company Inc
2. The principal office address: Miami Lakes Fl. 3301	5729 NW 151 Street
3. The mailing address (if differ N. Miami Fl. 33181	ent): 12780 Hickory Rd
4. Date of incorporation/qualific	Document number: M41039
5. The name and street address of Florida Department of State:	of the current registered agent and registered office on file with the (If resigned, enter resigned)
Tirso P Ma	rtinez
7875 W 2 (Ct
Hialeah Fl.	33014
6. The name and street address (if changed):	of the new registered agent (if changed) and /or registered office
Tirso P Ma	rtinez
Tirso P Ma . 5729 NW 1	151 Street
. 5729 NW 1	
. 5729 NW 1	PO Box NOT acceptable es, FI 33014 red office and the street address of the business office of its registered agent.
Miami Lake The street address of its registe as changed will be identical.	PO Box NOT acceptable es, FI 33014
Miami Lake The street address of its registe as changed will be identical.	red office and the street address of the business office of its registered aftent. resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.
Miami Lake The street address of its registe as changed will be identical. Such change was authorized by authorized by the board, or the	red office and the street address of the business office of its registered aftent. resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.
Miami Lake Miami Lake The street address of its registe as changed will be identical. Such change was authorized by authorized by the board, or the signature of an officer or din I hereby accept the appointment I further agree to comply with I performance of my duties, and agent. Or, if this document is I hereby confirm that the corporation	PO Box NOT acceptable es, FI 33014 red office and the street address of the business office of its registered affent. resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change. TRSO Printed or typed name and title
Miami Lake Miami Lake The street address of its registe as changed will be identical. Such change was authorized by authorized by the board, or the signature of an officer or din I hereby accept the appointment I further agree to comply with I performance of my duties, and agent. Or, if this document is I hereby confirm that the corporation	red office and the street address of the business office of its registered agent. resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change. Printed or typed name and title at as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered being filed merely to reflect a change in the registered office address, I cation has been notified in writing of this change. The Date Date

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

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