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(Requestor's Name) (Address) (Address)	900134414819
(City/State/Zip/Phone #)	FILED 08 AUG 25 PH 12: 54 SECRE TARY OF STATE TALLAHASSEE. FLORIDA
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R.A. Charge. C: Coutiente AUG 2:5 2008

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REPORATION SERVICE COMPANY	
ACCOUNT	NO. : 07210000032
REFER	ENCE : 680182 7394887
AUTHORIZA	TION Sprets de man
COST L	IMIT : 0, 35.00
ORDER DATE : August 8, 2	.008
ORDER TIME : 10:10 AM	
ORDER NO. : 680182-030	
CUSTOMER NO: 7394887	

CHANGE OF AGENT

NAME: CB BOVENKAMP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

C 0

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

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

1. The name of the corporation: <u>CB BOVENKAMP</u>, INC.

2. The principal office address: 9002 SW 152 St., Village of Palmetto Bay, FL 33157

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/20/1988 Document number: M87018

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard A. Crisonino

2534 SW 6th Street

Miami, FL 33135

6. The name and street address of the new registered agent (if changed) and /or registered office

Corporation Service Company	AHA AHA	
1201 Hays Street	S P	1
(P.O. Box NOT acceptable)		
Tallahassee, FL 32301	OT 5	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

W Bovinkamp

(Signature of an officer or director

Esther Borenkamp, Pres. (Printed or typed name and little)

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company By: (Signature of Registered Agent)

If signing on behalf of an entity:

Michelle R. Vannoy, Assistant VP

(Typed 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