

N 07000010389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

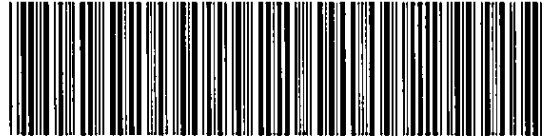
(Business Entity Name)

(Document Number)

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2018 OCT 22 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

OCT 26 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Amer. Society of Profess. Estimators  
Name of Corporation

DOCUMENT NUMBER: N07000010389

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:

Clifford M. Powell

Name of Contact Person

CMP Building Enterprises, LLC

Firm/Company

938 N. Riverhills Drive

Address

Tampa, FL 33617

City/State and Zip Code

cliffmp1@yahoo.com

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

For further information concerning this matter, please call:

Cliff Powell

Name of Contact Person

at ( 813 ) 333 - 8493

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Society of Professional Estimators Tampa Chapter No. 48, Inc.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): P. O. Box 16267, Tampa, FL 33687-6267
4. Date of incorporation/qualification: 10/22/2007 Document number: N07000010389

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert Nidzgorski  
4030 Boy Scout Blvd, Suite 200  
Tampa, FL 33607

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

Jim Cummings  
5426 Bay Center Drive, Suite 150  
Tampa, FL 33609

P.O. Box NOT acceptable

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**TALLAHASSEE, FL**

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

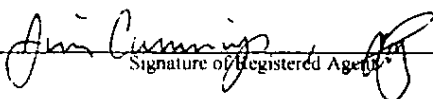
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Clifford M. Powell, Director

Printed or typed name and title

*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.*

  
Signature of Registered Agent

October 15, 2018

Date

If signing on behalf of an entity:

Clifford M. Powell  
Typed or Printed Name

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