N 33036				
Deborah E. Lawson Requester's Name 4125 Pacan Branch Rd. Address Talla H 32309-5558 City/State/Zip Phone #	FILED 02 JUL 19 PM SECRETARY CONTRACTOR TALLAHASSEE, F			
	Office Use Only			
CORPORATION NAME(S) & DOCUMENT NUM	(BER(S), (if known):			
1. American Subcovitracto (Corporation Name)	3 Asmof Florida N33056			
2. (Corporation Name) (I	Document #)			
4.	Document#) 800065372783 -07/22/0201002019 ******35.00 ******35.00			
(Corporation Name)	O			
Walk in Pick up time Mail out Will wait Photoc	Certified Copy S			
	ndment gnation of R.A., Officer/Director ge of Registered Agent olution/Withdrawal ger			
OTHER FILINGS REGIST	RATION/QUALIFICATION Town			
Annual Report	ted Partnership Statement emark Over Call Over Call			
CR2E031(7/97) MAIL OU	Examiner's Initials C. Coulliette JUL 1 9 2002			

25 Ju

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

	e provisions of sections d corporation organized			Florida Statutes,	
submits the foli	lowing statement in orde			agent, or both, in	
the State of Flo	orida. Tthe corporation: Am	orioon Subcontrac	tore Association of	Elorida Inc	
1. The name of	the corporation: All	encan Subcontac	AUIS ASSOCIATION OF	Fiorida, iric.	_
2. The mailing	address of the corporatio	n:4125 Pecan I	Branch Road, Florid	da 32309	_
3. Date of inco	orporation/qualification:	06/30/89	Document number:	N33056	_
4. The name an	d address of the current i	egistered agent and off	īce:	1. S	
	Cecily Ferm			ECKE	_
	4509 George Ro	ad			_
	Tampa FL 336	34		SEE	ŗ
5. The name an	d address of the new regi	stered agent (if change . O. Box Not Acceptab	-	ice (if ehanged)	(
	Deborah E. Law	son		RIDA RIDA	
	— 4125 Pecan Bra	nch Road			
	Tallahassee, FL		=		
The street addr	ess of its registered officed, will be identical	e and the street addres	s of the business office	of its registered	
	a authorizadi ky a solut				
authorized by t	the Board	ϵ	7/=	:10	
(Signature	of an office. Chairman or vice of	hairman of the board)	(Date)	
	Greg Doyle, Pre	sident			
Having been ne corporation, I i I further agree performance of registered agen	amed as registered agen hereby accept the appoin to comply with the prov. f my duties and I am fan 11.	l and to accept service itment as registered as isions of all statutes re viliar with und accept	of process for the aboven in and agree to act in lative to the proper and the obligation of my po	re stated This capacity. I complete sition as	
1)ols	01/	3N	to/21/02	_	
	Signature of Registered Agent)	10.1	(Date)		
If signing on beha	if of an entity:				
	n/a Typed or Printed Name)		(Capacity)		
•	•		•		
	* * *	FILING FEE: \$35.00	***		
TR2E045(9 00) D	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 3231	4	