## (P000000023728

(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 Filling Officer:
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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Bielling Hauling Contractor, Inc.  (Name of contractor)	orporation)	
DOCUMENT NUMBER: P000003372	8	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Sælly T. Bielling		
(Name of person)		
(Name of firm	n/company)	
37442 Henry Smith Road		
(Address)		
Hilliard, FL		
(City/state and zip code)		
For further information concerning this matter, please call:		
Sally Bielling	at ( 904 ) 845-7627  (Area code & daytime telephone number)	
(Name of person)	(Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department	at of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

CR2E045(09/03)

## 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 to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box or personal mailbox NOT acceptable 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. 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. If signing on behalf of an entity:

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

(Typed or Printed Name)

(Capacity)