# P00000058278

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS SEP 3 0 2013 EXAMINER

#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

### SUBJECT, C A R N CONSTRUCTION CORP

Name of Corporation

DOCUMENT NUMBER

200000058278

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:

#### **CARLOS A RIOS**

Name of Contact Person

#### C A R N CONSTRUCTION CORP

Firm/Company

#### 2603 BRIDGEWOOD CIRCLE

Address

#### BOCA RATON, FL 33434

City/State and Zip Code

### INFO@CARNCONSTRUCTION.COM

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

For further information concerning this matter, please call:

**CARLOS A RIOS** 

,786

229-9494

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

| statement of ch   | provisions of sections 607.0502, 617.05<br>ange is submitted for a corporation orgo<br>er to change its registered office or regi  | anized under the laws of the State                                     | of FLORIDA              |
|---|--|--|-------------------------|
| 1. The name of  | the corporation: C A R N CONST office address: 2603 BRIDGEWO   | RUCTION CORP   |                         |
| 3. The mailing  | address (if different): SAME AS AE   | SOVE   |                         |
| 4. Date of incom  | poration/qualification: 06/15/2000   | Document number: P00   | 000058278               |
|   | d street address of the current registered artment of State: (If resigned, enter resigned)   |  | e with the              |
|   | CARLOS A RIOS, REGISTI   | ERED AGENT   |                         |
|   | 1374 CANARY ISLAND DR  | IVE  | 131<br>SET              |
|   | WESTON, FL 33327   |  | SEP 2                   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |  |                         |
|   | CARLOS A RIOS  |  | A 3: 1.3<br>FSTATE      |
|   | 2603 BRIDGEWOOD CIRC   |  | DE G                    |
|   | BOCA RATON, FL 33434   | OT acceptable  | <del></del>             |
| The street addr<br>as changed wil   | ess of its registered office and the stree<br>I be identical.  | at address of the business office of                                   | f its registered agent, |
| Such change wanthorized by t  | as authorized by resolution duly adopte<br>he board, or the corporation has been n   | ed by its board of directors or by a otified in writing of the change. | an officer so           |
| Mille   | ure of an officer or director  | CARLOS A RIOS, PR  |                         |
| · ·   | t the appointment as registered agent a<br>to comply with the provisions of all sta<br>my duties, and I am familiar with and<br>his document is being filed merely to re<br>that the corporation has been notified | • •  |                         |
| Mu  | gnature of Registered Agent  | 09/12/2013   |                         |
| ·   | chalf of an entity:  | Date   |                         |
| CARLOS A  | •  |  |                         |
|   | Typed or Printed Name  |  |                         |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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