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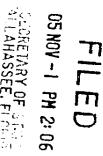
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COVER LETTER

Division of Corporations
SUBJECT: CAMMAC CONSTRUCTION GROUP (Name of Corporation)
DOCUMENT NUMBER: P000000 756/5
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:
Nonammen A. CHAUDHEY (Name of Contact Person)
CAMMAC CONSTRUCTION GROUP (Firm/Company)
1013 MONTANA ST., STE. B. (Address)
CREANDO, FL. 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
MOHAMMED A. CHAMPHEY at (407) 228.9550 (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

Pursuant to the pr statement of chang	-						· ·	
-	to change its regi	-	•		-	•		
1. The name of the	e corporation:	CAN	IMAC CO	NSTRUC	TION	GROW	P Inc.	
2. The principal of	ffice address:	10/3 /	Montana	<u>St.</u>	<i>5</i> +.	<u>B.</u>		
	 	orland	1. Fl.	32803		-		
3. The mailing add	dress (if different)	:		<u> </u>				
4. Date of incorpo	ration/qualification	on: 3-09	-00 I	Document n	umber: _	P 000	800756	15
5. The name and s Florida Departn	treet address of th							
•		red A.	Chand	hoy				
_	Mohamu 2625 U	U. S.R.	434 51	e:B.			<i>.</i> . 5	
	Longwood	d, H.	32779				SCRE	TI
6. The name and st	treet address of th	e new registe	red agent (if ch	anged) and	or regis/	tered office	TARY ASSE	
(if changed):	Moham	ued A	- Chaun	lhny			. 64 51 5. E. E.O	
_	Moham 1013	Montan	a 5t.	Ste	:B.		PAIG BAIG	
	Orlando	(PO. Box NOT:	2803.			- 		
The street address as changed will be	of its registered identical.	office and the	e street addres	s of the bus	iness of	fice of its 1	registered ago	ent,
Such change was authorized by the	authorized by res board, or the cor	solution duly poration has	adopted by its been notified i	board of di	irectors of the cha	or by an of	fficer so	
Mughi la	Chano	k	N	lua his		<i>~</i> ,	,	e-President
	of an officer or director	\mathcal{O}	cant and aara	(Printe	• •		•	
l hereby accept th I further agree to o of my duties, and I document is being corporation has be	comply with the i l am familiar wit filed merely to r een notified in w	provisions of h and accept eflect a chan riting of this	all statutes re the obligation ge in the regis change.	lative to the of my posite tered office	proper tion as re address	and complegistered of Thereby	lete performa agent. Or, if confirm that	nce this the
MC	ture of Registered Ager	2/		1422/0	(Date)	·	
f signing on beha	lf of an entity:				,	-		
OHAMMED (Type	A. CHAUDHR ed or Printed Name)	4	-					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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