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(Requestor's Name)	
(Address)	80013540
(Address)	
(City/State/Zip/Phone #)	i, 09/10/0801013
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	SECRET
Certified Copies Certificates of Status	ARY OF S
Special Instructions to Filing Officer:	ORIDA ORIDA
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Office Use Only	



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: D & A	1 Construction Gr	oup, Inc.
DOCUMENT NU	MBER:	0/12873	
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
	Juan M	Segarra f Contact Person)	
_	Name o D + M Construct (Fire	,	
	4966 SW 45th	Cincle Address)	
- 	Ocala, FL 344	74 ate and Zip Code)	
For further informa	ation concerning this matter, p		
Juan /	W. Segarra e of Contact Person)	at (<u>352</u>) <u>317</u> (Area Code & Daytime	- 5444 Telephone Number)
Enclosed is a chec	k for the following amount:		
□\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cit	role

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: DEM Construction Group Inc		
	2. The principal office address: 6013 Willamsburg Way, Tampa FL 33625		
	3. The mailing address (if different): \cup / Δ		
	4. Date of incorporation/qualification: 12/04/02 Document number: Pococo 112873		
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
	Donald J. Forino		
	6013 Williamsburg Way		
	Tampa FL 33625		
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Juan M. Segarra Rovira 4966 SW 45th Circle (P.O. Box NOT acceptable)		
	4966 SW 45th Circle SSE 5		
	Ocala, FL 34474		
	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 private or director) Donald J. Forino (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.		
	8/23/2008		
_	(Signature of Registered Agent) (Date)		
	If signing on behalf of an entity:		
	(Typed or Printed Name)		
	* * * FILING FRE: \$35.00 * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)